

JUNE 19 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

NEW LOOK...



UniChem
Delivering Healthcare

Morning-after Pill campaign hits snag

*Pharmacist elected
to European
Parliament*

*OTC industry looks
to patient access*

*AAH sales force
merged with
Enterprise/Trident*

*Lloyds plans national
advertising campaign*



***Update:** cracking
the addict habit*

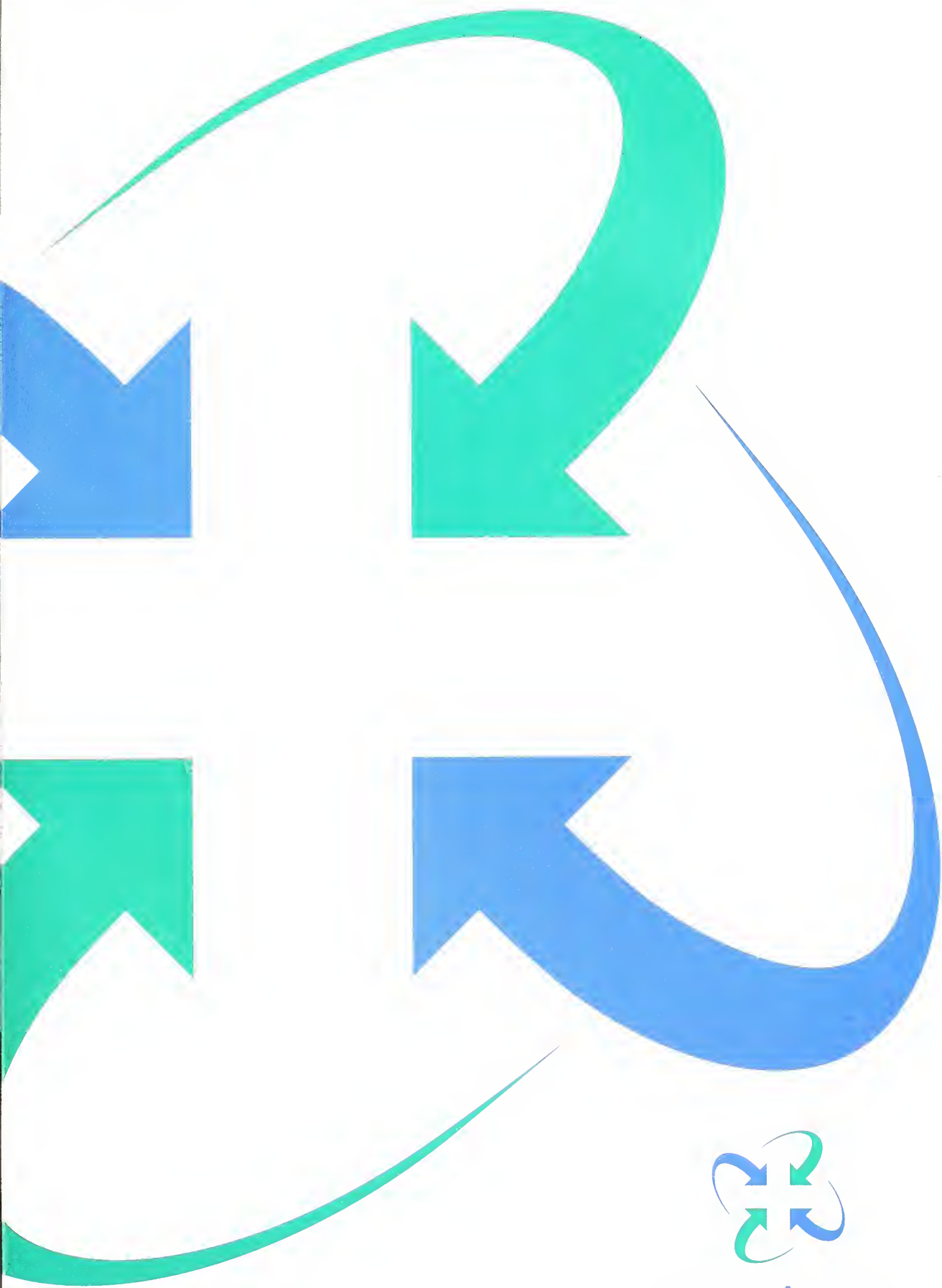
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NEW LOOK

UniChem's new corporate identity represents the 4 core values of our business. Service, Innovation, Excellence and Partnership. A pharmacy cross is created at the centre of the arrows defining our commitment to healthcare supported by over 60 years of service to independent pharmacy. Whilst we have a new look, our vision remains clear. To provide our customers with the very best in wholesale service. You will soon see our new identity appearing everywhere. You can be confident that our commitment to support your business is total.

SERVICE + INNOVATION + EXCELLENCE

CLEAR VISION



PARTNERSHIP



UniChem
Delivering Healthcare



*Migraleve treats
both headache and nausea
at the same time.*

Kill two birds with one stone with Migraleve Pink. Its double action works against both the throbbing head pain and the nausea and vomiting of a migraine. And, if taken early, Migraleve Pink can prevent a full-blown attack from developing.

A first choice for migraine.

Migraleve™
Bucizine Hydrochloride
Paracetamol Codeine Phosphate.

Migraleve™ Abbreviated Product Information Migraleve Tablets
Indications. For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation.** **Migraleve Pink** - pink tablets each containing Bucizine Hydrochloride BP 6.25mg, Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Migraleve Yellow** - yellow tablets each containing Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Dosage and administration.** **Adults.** Treatment. Two Migraleve Pink tablets immediately if it is known that a migraine attack has started or is imminent. If symptoms persist, two Migraleve Yellow tablets every four hours. Maximum eight tablets (two Migraleve Pink and six Migraleve Yellow) in 24 hours. **Children 10-14 years.** One Migraleve Pink initially. If required one Migraleve Yellow every four

hours. Maximum four tablets (one Migraleve Pink and three Migraleve Yellow) in 24 hours. **Elderly (over 65 years).** As for adults. **Contra-indications, warnings, etc.** **Contra-indications.** Hypersensitivity to any of the ingredients. Not for administration to children under 10 except under medical supervision. **Precautions.** Migraine should be medically diagnosed. Migraleve should be used with caution in patients with severe renal disease or liver dysfunction. Migraleve should not be taken with prescribed medicines or for extended periods without the advice of a doctor. Avoid alcoholic drink. Migraleve Pink only may cause drowsiness. If affected, do not drive or operate machinery. **Side-effects.** Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codeine phosphate) or drowsiness (bucizine hydrochloride). **Use in pregnancy.** Whilst there are no specific reasons for contra-indicating Migraleve during pregnancy, as with all

drugs, it is recommended that Migraleve be used with caution in pregnancy. Migraleve is not contra-indicated in breast-feeding mothers. **Treatment of overdosage.** As for paracetamol (i.v. acetylcysteine) and codeine (injection of naloxone). **Package quantities and Trade Price:** Migraleve 12 - £2.22, 24 - £3.91. Migraleve Pink 12 - £2.31, 24 - £4.31. Migraleve Yellow, 12 - £1.99, 24 - £3.42. **Legal category.** P. **Product Licence Numbers.** Migraleve - PL 01906/0028, Migraleve Pink - PL 01906/0026, Migraleve Yellow - PL 01906/0027. **Marketing Authorisation Holder:** Pfizer Consumer Healthcare, Allon, Hampshire GU34 2TJ. **Date of preparation:** June 1999. Further information available from Pfizer Consumer Healthcare, Wilsons Road, Allon, Hampshire, GU34 2TJ.

Pfizer Consumer Healthcare

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

News	6	Prescription Specialities	16
Industry Viewpoint	9	Business News	32
Topical Reflections	9	Classified Advertisements	34
Counterpoints	10	People	38

COMMENT

Manufacturers of branded prescription medicines have not exactly beaten a path to the community pharmacist's door recently, preferring to concentrate their promotional effort on the customer or the GP. The advent of primary care groups, aided by organisations such as NICE and blessed with clinical governance, is sweeping such strategies away and forcing pharma companies to re-appraise their approach. Pharmacists are increasingly seen to have a key role in providing prescribing and formulary advice. PCG prescribing advisers will be a tightly defined group, probably no more than 500 strong, and the nature of the post means they will be difficult to influence. Whether they will be key in developing primary care formularies, or whether a blurring of boundaries between primary and secondary care will see hospital-based drug and therapeutics committees wielding greater influence is not clear. And with primary care trusts on the horizon, manufacturers are not going to refocus their efforts without a clearer picture of the endgame. Industry interest, as far as most community pharmacists are concerned, will focus elsewhere. Richard Purchase, development director for Innovex UK, believes that if pharmacists are to play a more active role in delivering the clinical governance agenda through medicines management initiatives, there will be substantial opportunities for companies to work in partnership (*C&D* June 5, p20). Concordance is a major challenge in most chronic illness and pharmacists can be influential here. There are signs that the movers and shakers in some major pharma companies are working out how they can exploit this, and organisations like Pharmacy Alliance (see p8) are tapping into the growing interest. Money invariably follows influence and community pharmacists should be keen to make sure such initiatives deliver the goods. It's right up their street: they have the skills and patient contacts to make it work, they are not professionally compromised and it's non-NHS funded.

Government stalls on OTC morning-after Pill

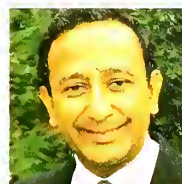
6

Health ministers favour the change, but Tony Blair and advisers fear backlash

Pharmacist becomes MEP

7

Bashir Khanbhai (right) was elected Conservative MP for the Eastern region



Agreement on self-medication

7

International Pharmaceutical Federation and World Self-Medication Industry agree to collaborate

Community methadone programmes cut heroin use

8

Success of programmes has been demonstrated by high heroin abstinence rates

A pivotal role for pharmacy in primary care

18

Scottish pharmacy group Edinpharm has worked behind the scenes to get involved in its local PCT

Update: cracking the habit of addiction

i-viii

Plus tests in differential diagnosis, premenstrual syndrome and *Campylobacter* food poisoning

No need to hoard for the millennium

22

Business survey finds that most pharmacists are heeding advice not to build up stocks before 2000

Self-care in the information age

24

A joint assembly held in Berlin called for greater public access to healthcare information



The recession that never was

30

Consumer confidence is set to increase, after the economy enjoyed a rare 'soft landing'

AAH sales force merges with Enterprise/Trident

32

Merged sales force to be divided into four teams, each to concentrate on one area

Asda accepts £6.7bn cash bid from US Wal-Mart

32

Asda's share price rises, as the world's largest shop owner makes moves

Lloydspharmacy plans national ad campaign

33

The chain is preparing to build its 'brand proposition' among consumers before the year end



Editor Patrick Grice, *MRPharmS*
 Assistant Editor Maria Murray, *MRPharmS*
 Technical Editor Lawrence Farhan, *MRPharmS*
 Business Editor Guy L'Aimable, BA
 News Editor Charles Gladwin *MRPharmS*
 Contributing Editor Adrienne de Mont *MRPharmS*
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 Advertisement department secretary Debra Thackeray
 Production Karen Way
 Associate Publisher John Skelton
 Group Sales Director Ian Gerrard

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 BUSINESS PRESS

Healthy heart project underway

A three year health promotion project in Ealing, Hammersmith & Hounslow has been successful in its first stage on smoking cessation.



The project is aiming to develop community pharmacists' health promotion role. It is focusing on 'Our Healthier Nation' priority areas of heart disease and stroke and will support national health promotion campaigns. Participants are accredited as EHH 'Healthy Heart' pharmacies and can display the Healthy Heart logo.

Smoking cessation activities focused around No Smoking Day and consisted of window displays and promotional material in the pharmacy. Results have yet to be evaluated, but initial data is promising. Thirteen pharmacies from three PCGs across Ealing, Hammersmith & Hounslow took part in the scheme. It is hoped that 60 pharmacies will be taking part in the project by 2000.

Pharmacists are paid £250 per window display and £65 for attending each training session, according to Local Pharmaceutical Committee rates. They are expected to attend two sessions on health promotion initially and then one for each campaign. Training sessions are accredited by the College of Pharmacy Practice. Counter assistants receive £25 for each training session and a certificate of attendance.

The project has been developed by the local HA and West London Health Promotion Agency. There will be two campaigns during each year of the project, and the next one will be on stroke awareness in September.

C&D Business Survey

Most pharmacists appear ready to heed manufacturers' and wholesalers' advice not to hoard stocks at the end of this year, C&D's latest Quarterly Business Trends Survey has found.

Seventy-three per cent of independents and nearly half of multiple branches say their wholesale orders will be placed as normal during the period. One-fifth of multiple branches plan to stock up on most medicines, while another 20 per cent will order extra supplies of essential medicines. More details of the survey, carried out in association with UniChem, can be found on p22.



UniChem
Delivering Healthcare

Government stalls on OTC Pill

The Government is to keep under review demands for emergency contraception to be sold by pharmacists as an over the counter medicine, following the findings of the review of the Whitehall Social Exclusion Unit on teenage pregnancies.

The report, presented by Tessa Jowell, the minister for public health, in advance of this week's wider White Paper on public health, made it clear there were advantages in allowing the 'morning-after Pill' to be sold over the counter without prescription.

Health ministers are understood to have favoured the change, but Tony Blair and Number Ten advisers were wary of the backlash that the change could attract and opted instead for a more cautious approach of 'wait and see'.

While there are no immediate proposals to change prescribing rules, which Downing Street confirmed would require primary legislation, the refusal to rule out a future change will encourage the campaign, launched by the Royal Pharmaceutical Society, for pharmacists to be given freedom to dispense emergency contraception.

Society promotes morning-after Pill

The Royal Pharmaceutical Society is highlighting the benefits of wider access to emergency contraception.

In a press statement on Monday, the Society said it would be disappointed if the Government's new moves to tackle unwanted teenage pregnancies ruled out the extended supply of emergency contraception, which was widely seen as an important element in any strategy to reduce Britain's high abortion rate. And on Wednesday, the Society issued a policy statement on contraception and sexual health (see panel on the right).

While welcoming Government plans for a co-ordinated framework for contraception and sexual health, the Society will continue to press for emergency contraception to be available through pharmacies. It said emergency contraception was safe and, because it was more effective if used within a short time of unprotected sex, there was a compelling case for widening its availability. "The Society believes that it is in the public interest for pharmacists to be given this responsibility," a spokesman said.

Interviewed on BBC Radio 4's 'Today' programme on Monday, the Society's Roger Odd was asked if the morning-after Pill should be available OTC with no age restrictions. He said youngsters, in particular, needed help and support, as did older women who had had an accident through contra-

The report concludes: "The issue of whether emergency contraception is suitable for over the counter availability is a matter for expert clinical judgement. There are pros and cons. However, the first step is clearly to provide better access to contraception generally, but the Department of Health will keep this under review."

Fewer than 5 per cent of women who use emergency contraception within 72 hours of unprotected sex become pregnant, but there are still "many barriers to access, especially when unprotected sex takes place at weekends, when it is even more difficult to visit a GP or family planning clinic".

The Social Exclusion Unit said that a recent survey showed fewer than half of the 16-25-year-olds knew that there was a 72-hour 'window of opportunity' for taking the emergency contraception Pill. The persistence in the name 'morning-after Pill' does not help. The result of all this can be seen in a 1990 study that showed 70 per cent of women requesting an abortion would have used emergency contraception instead, but did not know how to get it.

ceptives not working or lack of advice about contraceptive methods. When the interviewer said that making emergency contraception available OTC was hardly the kind of help, support and counselling young people needed to tackle the question maturely, Mr Odd replied that that did not need to happen.

"We need to make sure that doctors, pharmacists and nurses work alongside teachers to educate youngsters about contraception," he said. When accidents occurred, teenagers ended up with an unwanted pregnancy. Emergency contraception was safe and many leading gynaecologists and family planning doctors thought it could be more widely available, possibly through pharmacies.

Dr Bill O'Neill, the British Medical Association's ethics and science adviser, agreed that all the health professionals should work together, but "it's not just about giving a packet of pills, it's about providing a whole range of care and services". There was a need to make sure that sexually active young people used contraception regularly and were aware of the health risks.

When asked what incentives there were for young people to go through the difficulties of advance planning if emergency contraception was widely available, Mr Odd said youngsters should be encouraged to use all the facilities available for advice.

The Unit was told by some groups during its consultation that emergency contraception should be made easier to obtain by making it an OTC medicine available in pharmacies.

Research in 1999 showed 13 per cent of 16-24-year-olds had used emergency contraception on one or more occasions and 5 per cent of 16-24-year-olds had used it two or more times.

Policy statement

On Wednesday, the RPSGB Council issued a policy statement on contraception and sexual health.

The Council is aware of the strong link between unplanned parenthood and social and economic deprivation and strongly supports the provision of effective family planning services, with emotional and relationship education as an integral part of health care. "It is Council's policy that it is in the public interest to improve access to emergency hormonal contraception through community pharmacy."

It has identified four main areas where pharmacists can make a bigger contribution to contraceptive healthcare:

- emergency contraception
- contraceptive medicines management - pharmacists can help address the information, advice and support needs of women on the Pill
- contraception and sexual health services, eg supply of condoms, information, advice and referral
- sexual health strategy development at locality, area and other areas - pharmacists are already providing advice on service development, quality standards and medicines management issues to new NHS structures including HAZs and HIMP's.

Approval for this policy was reaffirmed at the 1999 Branch Representatives Meeting (C&D May 22, p26-27). "The Council does not accept that improved access to emergency contraception - provided as part of an evidence-based educational and healthcare strategy - would encourage irresponsible behaviour."

Noting that there about 200,000 abortions in Britain annually, equal to about one-fifth of conceptions, "the Council therefore reaffirms its commitment to working for a legal and professional framework that will permit the supply of emergency contraception through pharmacies".

For the "minority" of pharmacists who have ethical objections to supplying contraceptive care, the Code of Ethics, although under revision, will continue the right of members to act according to their conscience without being penalised.

Pharmacist elected to European parliament



Bashir Khanbhai

Bashir Khanbhai, a pharmacist who works in pharmaceutical manufacturing and export, has been elected as Conservative MEP representing the Eastern region.

In his new role, Mr Khanbhai is hoping to "promote pharmacy and the profession in the widest possible sense because I feel that pharmacists are so undervalued". He would also like to "help the Pharmaceutical Society, the NPA, and other pharmaceutical bodies to promote the profession by securing influence and increasing the status of pharmacists".

After graduating from the London School of Pharmacy in 1966, Mr Khanbhai studied politics, philosophy and economics at Balliol College, Oxford. His wife and two brothers are both pharmacists.

Sharon Buckle, Conservative European candidate for the East Midlands and head of corporate affairs at Boots Healthcare International, was unsuccessful in the European parliamentary elections last weekend.

Anticoagulant training offered in Sunderland

A course for community or hospital pharmacists who want to manage and run anticoagulant clinics is being held in Sunderland at the end of next month.

Running from July 28-30 at Sunderland Royal Hospital, the course will cover clinical, administrative and managerial issues. It will also provide 40 hours' continuing professional education for the College of Pharmacy Practice.

The course fee is £395 per person or £1,000 per group. Details are available from Dr Labib Tadros, senior clinical pharmacist and clinic manager at the hospital on 0191 565 6256 ext 49183.

FIP and WSMI sign agreement

The International Pharmaceutical Federation (FIP) and the World Self-Medication Industry have signed a joint collaborative agreement.

It says that the public interest will be served best "when pharmacists and the non-prescription medicines industry work together to ensure that self-medication is responsible, is only undertaken when it is appropriate to do so and that advice is always given to seek a consultation with a physician when that is necessary".

Outgoing WSMI chairman Anthony Jamison announced the signing at the joint assembly of WSMI and the European Association of the Self-Medication Industry last week in Berlin (see p24). The agreement should pave the way for projects between WSMI and FIP and boosts the working relations between WSMI and the health professions - the World Medical Association is already working with WSMI.

The joint statement defines 'self-medication' as "the use of non-prescription medicines by people on their

own initiative" and says: "Pharmacists have a key role to play in providing them with assistance, advice and information about medicines available for self-medication." It also sets out the professional obligations of pharmacists and the responsibilities of non-prescription medicine manufacturers.

Pharmacists should provide sound, objective advice, report adverse events associated with any medicine bought without prescription, recommend medical advice be sought where self-medication is inappropriate, and encourage members of the public to treat medicines as special products, and "not to take any action which could encourage people to buy excessive quantities of a medicine".

On the manufacturers' side, industry has a responsibility to provide medicines of a high safety, quality and efficacy, and to meet all legal requirements for packaging and labelling, "and should work towards a world-wide standardised layout of information on labels". Manufacturers also have a responsibility to ensure that

claims made in the advertising of a medicine can be substantiated scientifically, meet national regulations and do not encourage inappropriate use.

Manufacturers should also ensure that marketing methods encourage people to treat medicines with care and do "not take any action which could encourage people to buy excessive quantities of a medicine". The person responsible for the medicine has the responsibility to provide all the information needed by pharmacists.

WSMI director general Jerome Reinstein said on Tuesday that the WSMI had worked for several years with the FIP leadership to issue a joint statement on self-medication. "We hope this will be the take off for joint projects in the area of public health." One of the first such projects will probably be to do with smoking cessation. "We are already working with the WMA and, really, it should be a three way project," said Dr Reinstein, a member of the World Health Organization's Policy Advisory Committee for the Tobacco Free Initiative.

Cat D addition procedure improved

In light of the large number of generics currently being switched from Category A to Category D each month, a streamlined procedure has been implemented.

When the Pharmaceutical Services Negotiating Committee and the Prescription Pricing Authority agree that there is a shortage of a Part VIII entry, that entry can now be designated Category D without direct approval from the Department of Health.

If agreement is reached before the middle of a month, Category D status will apply to prescriptions dispensed during that month. Contractors will be informed of changes through *Chemist & Druggist* and its *dotpharmacy* web site, and the National Pharmaceutical Association web site.

When agreement is made after the middle of a month, Category D status will apply to prescriptions dispensed during the following month.

The part VIII entry will revert to its original category in the month after it is agreed that the shortages are over. Because the Drug Tariff goes to press in the middle of the month, if agreement is reached in the second half of the month, contractors will be notified through the sources mentioned above.

● The following medicines are additions to Category D Part VIII of the Drug Tariff for June prescriptions, PSNC has announced: metronidazole tablets 400mg; naproxen tabs 250mg E/C; quinine sulphate tabs 300mg; and trimethoprim tabs 200mg.

Group for prescribing support pharmacists

The Prescribing Support Pharmacists' Group has been set up to cater for the needs of all pharmacists working with GPs and the primary healthcare team.

Following talks on a possible merger, the group will remain separate from the Primary Care Pharmacists' Association led by Duncan Petty and Medicom Publishing.

The PSPG has established links with the Royal Pharmaceutical Society and other nationally recognised bodies such as the College of Pharmacy Practice and Centre for Pharmacy Postgraduate Education. The core

activities will be to promote, educate, recruit, train, develop and set standards for primary care pharmacists. The first three meetings were sponsored by the pharmaceutical industry to help the group get started, but it will now be run on a voluntary basis with a fee to be decided when a programme has been arranged. The copyright of any membership database will be secure and held by the PSPG.

Pharmacists wishing to register their interest should write to 83 Cornwall Avenue, Southall, Middlesex UB1 2TQ.

IN BRIEF

Drug alert 1

Tharntan & Rass is recalling a batch of hydrogen peroxide solution (3 per cent) 10 volumes 150ml, with batch number 88SM and expiry February 2002 as a small number may contain glass fragments. The class 2 alert was issued last Thursday. Further information from T&R's customer services on 01484 842217.

Drug alert 2

Rache Products is recalling a batch of Raccalcitral (calcitral) Capsules 0.25mcg 100s, with batch number B003 and expiry September 2001, due to a problem with stability testing. The class 2 alert was issued on Monday. Further details from Diane Haward on 01707 367580 or Vicky Davey on 01707 357542.

Tory re-shuffle

Dr Liam Fox, MP for Wadsworth, has taken over as shadow health secretary, following Ann Widdecombe's appointment as shadow home secretary. Numark director Sir Norman Fowler, who was shadow home secretary, has retired to the back benches.

NHS Direct extension launch

A new calls centre in Milton Keynes for NHS Direct was opened last Friday by junior health minister Baroness Hayman. The centre will cover the whole of Buckinghamshire and Northamptonshire and parts of Oxfordshire by July.

DoH defends medicine advertising rules

Health ministers in the Commons and Lords have been trying to clarify how the much criticised new regulations on medicines advertising will work.

Baroness Hayman said that the current system, whereby the Medicines Control Agency has informal negotiations with the company involved over an advert, will continue to be the trend. "The formal procedures will only come into play when informal negotiation fails to reach an appropriate outcome," she said in a written answer to Lord Clement-Jones.

In addition, "the MCA undertakes pre-publication assessment of advertising in exceptional circumstances only and has no intention of extending that role", Tessa Jowell told Dr Evan Harris MP.

The questions were put following the introduction of the regulations, which give the Government powers to vet published or proposed adverts for medicines (*C&D* February 20, p16). Leader of the opposition William Hague and other MPs 'prayed' against the regulations by tabling an early day motion calling for the legislation to be annulled (*C&D* March 13, p30).

Asked what would happen if the MCA approved an advert and there was then a later complaint made against it, Ms Jowell said: "The advertisement will be reconsidered taking any new information into account in reaching a decision."

Under the regulations, the Medicines (Advertising and Monitoring of Advertising) Amendment Regulations 1999, the MCA has the right to request a copy of an advert or to advise an advertiser that health ministers are 'minded to' make a decision that an advert is in breach of the regulations. This may require an advertiser to cease advertising on an interim basis.

GPs confused over methadone scripts

There is some confusion among GPs about the legality of computer generated methadone prescriptions.

This follows an article in *GP* magazine referring to the fact that the use of computer generated prescriptions for methadone is being considered by the Government. At present, methadone prescriptions must be in the prescriber's handwriting unless he or she is exempt from that regulation.

Liverpool LPC secretary, Jeremy Clitherow, raised the issue following two enquiries to his LPC.

Methadone programmes cut heroin use by 30pc

Heroin abstinence rates of 30 per cent have been achieved after two years of community methadone programmes, according to a study funded by the Department of Health.

The National Treatment Outcome Research Study is the largest study of its kind conducted in the UK. The ongoing five-year study is tracking the progress of over 1,000 people who started treatment for drug misuse in

residential and community settings during 1995. It is being conducted by the National Addiction Centre.

In the residential programmes, almost half the clients were abstinent from opiates after two years. The proportion using opiates regularly in both residential and community settings was cut by almost half.

Clients in both settings who continued to use heroin were using smaller

amounts less often. Misuse of crack cocaine and other stimulants was greatly reduced. The use of shared needles and syringes fell substantially.

The study also showed that for every extra £1 spent on drug addiction treatment, more than £3 is saved on the costs of crime. Crimes such as theft, burglary and shoplifting have been halved in the trial with similar declines in drug selling offences.

Pharmacy Alliance moves onto migraine

Pharmacy Alliance, the network of community pharmacies set up by UniChem to deliver medicine management services, has announced it is soon to pilot a programme focusing on the treatment of migraine.

The initiative has been developed in conjunction with Astra Zeneca. It will initially involve 20 pharmacies and 400 patients, with the results expected in five to six months.

The pilot will recruit patients who already suffer from migraine and assess their symptoms. Referral criteria will be agreed locally with doctors. Participating pharmacies will earn about £13 for each patient they assess.

This programme is in addition to those announced last month (*C&D* May 1, p5) for pharmacy-based anticoagulation services, managing compliance in patients with hypertension and treating patients with Parkinson's Disease.

And in a separate development, the company has announced promising interim results from the asthma programme it is running in association with Glaxo Wellcome. The study aims to cover 1,000 patients, who are being monitored through 100 pharmacies.

The programme has been strongly endorsed by GPs, 87 per cent of whom were supportive. Pharmacist interventions identified that 44 per cent of patients had poor inhaler technique, and of the patients recruited to the programme so far, 64 per cent have required referral.

Of those referred, 61 per cent have had appropriate therapy changes. In 90 per cent of such cases, the prescriber accepted the pharmacist's recommendation. Devices were changed in 42 per cent of cases and inhaled steroids added to the patient's regimen, or the dose adjusted, in 62 per cent of cases.

Patient satisfaction with the service



Mike Gray, Pharmacy Alliance service development director, reports increasing interest from manufacturers about collaborative programmes

was high: 85 per cent believed the support provided was excellent, and 60 per cent believed the pharmacist's input had helped improve their symptoms.

Pharmacy Alliance currently has 256 independent pharmacy members. Additionally, 300 Moss pharmacies have been identified as possible service providers. Managing director Nick England is confident of achieving his target of recruiting 500 independents by the year end.

HAs should pay for pharmacy services

GPs should not have to pay from their practice budgets for pharmacists' help in monitoring prescribing costs and improving patient care, according to a doctor quoted in *GP* magazine.

Instead the costs should be met by health authorities or primary care groups, said John Canning, a member of the GPs' Committee prescribing subcommittee. He was commenting on proposal by Boots to offer clinical pharmacy services to GPs, with charges negotiated on an individual practice basis (*C&D* May 15, p4). He

CPA dinner date

A fund raising dinner for the Commonwealth Pharmaceutical Association is to take place at the Café Royal in London on July 8.

Hemant Patel, immediate past president of the Royal Pharmaceutical Society, is organising the event, at which Home Office minister Paul Boateng will be the chief guest. It is hoped that a number of Commonwealth high commissioners will also be in attendance. Individual tickets are priced at £35 per head.

The idea to raise funds for the CPA follows Mr Patel's visit to India last year to celebrate the 50th anniversary of the Indian Pharmaceutical Congress.

"I was shocked to see a team of doctors and pharmacists sharing a tatty copy of the *British National Formulary* which was published in 1973," he said. "Despite being hopelessly out of date, it was still used. Lives depended on the most affordable source of knowledge and this was it."

The CPA was officially founded in 1970 with the aim of promoting and disseminating the pharmaceutical sciences throughout the Commonwealth and to improve the quality and range of services offered by pharmacists. Of the 39 member associations, 32 are in less developed or developing countries.

said he thought health authorities investing in these services were likely to get their money back.

The subcommittee chairman, Dr George Rae, told *C&D* that there were specific mechanisms and funding in place for PCGs to employ pharmacists to look at cost-effective prescribing.

He saw this corporate approach as the way forward, as opposed to pharmacists negotiating to service individual practices - unless a pharmacy already had a good working relationship with that surgery.

A profession in need of leadership

Once again there has been considerable controversy around the process and personalities involved in the election of the new president of the Royal Pharmaceutical Society. Once more the profession has shown itself not only to be sharply divided, but to have deep seated rivalries being played out in the election process.

While this may be democracy at work, it has proved to be a very damaging process and one that will play into the hands of those who relish a disparate and divided profession within the NHS. Within the industry it would be equivalent to the board of directors of a major public company voting its chairman off the board each successive year.

"Perhaps the skills and experience of these successful businessmen will bring a unifying influence to the Council"

By contrast, there has been little comment about the election of Marshall Davies as RPSGB vice-president. While many community pharmacists may feel they have little in common with a man who spent all his life working for Boots, he brings to Council vast experience not only as a pharmacist and pharmacy superintendent, but as a senior executive within the highly professional Boots organisation.

This will have equipped him as a consensus builder, add considerable weight to the Society in approaching such issues as the pharmacy strategy being developed by the Department of Health and the continuing lobby to introduce pharmacists as members of PCGs.

Also present on Council is Digby Emson, the current pharmacy superintendent for Boots. Perhaps the skills and experience of these successful businessmen will bring a unifying influence to the Council and provide genuine leadership at a time when the profession needs it more than ever.

Written by a senior industry manager

Xrayser

Topical Reflections

PPA scores with customer relations

A few days ago I received a phone call from the Prescription Pricing Authority asking for clarification of some of my April prescriptions. A few days later, some April scripts were returned, with an apology for the delay.

The PPA's explanation was that Category D endorsements require more detailed processing, and the recent dramatic increase in their number had caused the delay.

I don't know if these two events were connected, but the number of returned prescriptions was very low, and the clarifications I provided over the telephone only took a matter of seconds. My computer endorsing programme deals very efficiently with the problems of Category D, but repeat endorsing errors do creep in.

For the PPA to have returned a large number of April prescriptions for clarification too late to be re-submitted with the May bundle would have been rubbing salt into the wound of both our problems, so the phone call was particularly helpful.

Also, I would much prefer to sort out these minor queries with the help of a friendly voice, so this is an initiative by the PPA that I would like to see made permanent.

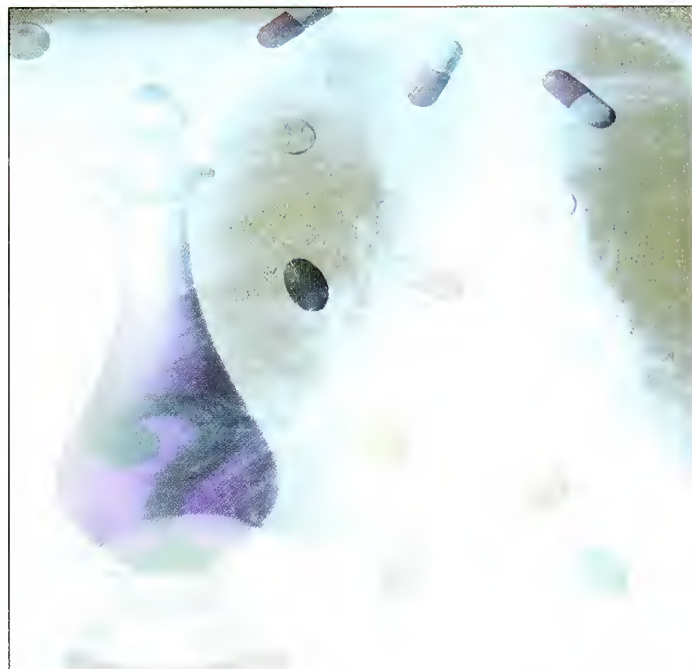
Playing both ends off against the middle?

Last week's *C&D* article on 'Haircare' was excellent and informative, but where most contributors were careful in how they defined the pharmacist's role, Suzanne Preuss of Clairol summed up my predicament.

I am selling fewer and fewer mainstream haircare brands because of supermarket competition. They cream the market, leaving me with my niche hair colours and the excellent advice my girls are trained to provide.

I agree with Suzanne that expertise is my strength, but she then exposes the problem: "Many new users will start off in their local pharmacy because they want advice and are not yet confident enough to self-select from a grocery outlet."

Those are the words of the true marketing manager. Encourage the pharmacy to give advice to give the



customer enough confidence to buy from the supermarket next time.

Brilliant! I must buy the next issue of *The Grocer* to see how she advises the supermarket manager to compete for market share against the pharmacy!

What's happening with generic CFC-free inhalers?

The switch to CFC-free salbutamol inhalers is progressing with very few problems in my area. Most GPs are ignoring the Ventolin Evohaler and continuing to write 'Ventolin'.

The result is a seamless transfer that most patients accept. And as I am now able to buy Ventolin Evohaler at the same price as the old product, most of my patients have been switched.

The situation for those on generic scripts is more complicated as the market is still flooded with CFC inhalers, but if the generic manufacturers were also able to collectively announce a date, then the same seamless transfer could occur.

I am unclear about whether I will actually ever see a CFC-free generic product. There is a possibility, I understand, that 3M and Glaxo have patent protection on their CFC-free delivery systems. If this is true, it means all future CFC-free salbutamol inhalers could be provided by just two competing companies.

People in glass houses shouldn't throw stones

Last week, the editor asked some pertinent questions about the reason why sales of POM to P switches have not been as buoyant as manufacturers anticipated. As a grass roots independent, I can answer his last four questions: 'Yes', 'Yes', 'No' and 'Yes'!

(The questions were: Are counter staff being properly directed about which are the most effective OTCs? Is the pharmacist spending too much time in the dispensary and not enough on the counter? Are some 'POM to P' switches too complicated to explain to staff? Have medicines' sales protocols proved counterproductive? *Editor*.)

Not very helpful, but important because while the Medicines Control Agency and drug manufacturers treat medicines as just another retail product, pharmacists can't win.

If they practise responsibly, then sales of P medicines will never achieve the manufacturers' desired levels. But having demonstrated product safety, a quick application for GSL status means another grocery line is born.

Medicines are not ordinary items of commerce. They should be used appropriately and this must be inserted into the terms of reference for the MCA. If not, the P category will soon cease to exist.



Counterpoints



Nestlé to launch toddler feeding range in pharmacies

Nestlé will launch a new range of toddler snacks and drinks into the pharmacy sector under the Nestlé Junior brand name this July.

Aimed at children aged one to three years, the range will initially comprise three snack foods and a fruit-based drink. Further product launches are planned.

The Junior range is formulated to provide the energy, vitamins and minerals essential for a toddler's rapid growth.

Developed to be fun to eat as well as tasty and nutritious, the products



The range includes Milk and Honey Biscuits (rsp £1.19, 125g box), Sesame Sticks (rsp £1.19, 90g box containing 3x30g packets), Apple and Banana Fruit Stick (rsp £0.45, 30g bar) and Fruit Splash in two variants (rsp £1.19, pack of 3x180ml cartons).

All products are free from artificial colourings and preservatives.

The launch will be supported by a £2 million media campaign starting in the autumn.
Nestlé UK Ltd.
Tel: 0181 686 3333.

are specifically designed for small hands to encourage children to feed themselves.

Aristoc moves into pharmacy

Aristoc is launching a new range of support hosiery in pharmacies and drug stores.

The Aristoc Leg Care System offers three levels of support – 15 denier light support factor 6 tights for tired, aching legs, 20 denier medium support factor 8 tights for medium support for hard working legs, and 30 denier firm support tights for maximum support. The tights come in Nude and Vaguely Black in a satin finish. Retail prices range from £3 to £5.

Aristoc Ltd.
Tel: 01773 525525.

No need to get the wind up ...

Roche Consumer Health has produced an educational pharmacy guide to trapped wind and bloating to support its Rennie Deflatine brand.

The 16-page booklet (a copy is inserted in this issue) offers advice on trapped wind. A consumer leaflet is also available. Copies are available free of charge from Deflatine Leaflet Offer, PO Box 2557, London W1A 3JS.

Roche Consumer Health.
Tel: 01707 366000.

One Size Fits All with new sports range

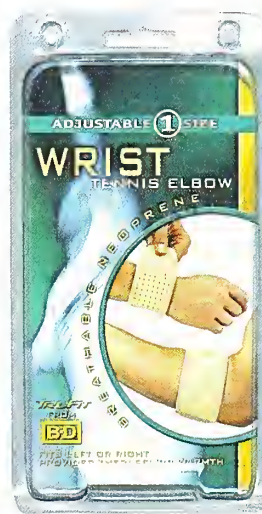
BD Home Health Care wants to expand the sports medicine sector in pharmacies with the launch in July of what it claims is the UK's first range of one size neoprene breathable supports.

One Size Fits All is marketed under the BD Trufit name and consists of 13 products, all with clamshell plastic packaging so that the customer can see the product.

Lines include wrist tennis elbow support (£5.90), elbow support (£7.10), wrist support wrap (£6.10), wrist splint, left and right, (£9.90), ankle support (£7.50), closed knee support (£11.30), open buttress knee support (£11.50), thigh support (£9.30), knee stabiliser (£14.70), contoured back support (£14.50) and dual adjustable back support (£22.50).

The range offers the retailer a complete product selection in a substantially reduced space, since all size options can be covered by one SKU. Size can also be a confusing issue for consumers faced with a variety of options, says BD.

Because each support is adjustable, it can be altered to produce a constant level of compression as an



injury reduces. Each product is Terry lined. The neoprene is breathable to allow the passage of perspiration.

The range is available through all major wholesalers. A sales team will provide support from the autumn, and in-store promotions are planned from October. The brand is sponsoring the Nottingham Tennis Open which is taking place this week.

BD Home Health Care.
Tel: 01865 748844.

Baby's in the bag for NorWest Co-Op

A new initiative to increase footfall in pharmacies is being tested by Nutricia Baby Foods through over 300 NorWest Co-Op pharmacies.

A baby gift bag for mothers-to-be will be made available through participating pharmacies providing a sampling opportunity not only for Cow & Gate, but for any other supplier who wants to buy into the programme.

The gift bags could tempt up to 20,000 consumers into the chain's pharmacies over the next five months and up to 350,000 next year, with the opportunity to develop linked sales and repeat visits.

Mothers-to-be are identified through the Cow & Gate 'In Touch' direct mail programme and will be sent a voucher which can be redeemed for a gift bag. Pharmacies can also enrol mothers onto the direct mail programme if they want to receive a gift bag.

The scheme is being co-ordinated by Endacott RJB Marketing. Some 20,000 gift bags are being distributed through the wholesaler, Sants, during the trial period.

It is hoped that the scheme will be rolled out to pharmacies nationwide in January 2000.

Endacott RJB Marketing.
Tel: 0181 563 0006.
Cow & Gate.
Tel: 01225 768381.

Training offered on hosiery fitting

Seton Scholl is supporting its Scholl Softgrip hosiery range this year with a programme of activity aimed at pharmacists, including training and advice on fitting hosiery.

Scholl Softgrip dominates the market with an 81 per cent value brand share, but Seton Scholl says pharmacists provide an essential link in ensuring hosiery is correctly fitted.

Training sessions are offered on request, as are a range of measuring and fitting materials.

Pharmacists who would like to order materials or find out more about training should call the company on 01565 624157.
Seton Scholl Healthcare.
Tel: 0161 654 3000.

Diocalm

BACK ON RADIO THIS SUMMER

Listen to this! Sales of Diocalm Ultra increased yet again last year* - and again, it was thanks to your recommendations and our extensive radio and women's press campaign. By continuing such a winning formula, there'll be no stopping us!

- **High consumer awareness** - memorable national radio advertising and women's press campaign
- **Excellent profit opportunity** - superb trade deals and high cash profit
- **Strong trade support** - full range of eye-catching merchandising POS
- **Complete range** - includes Diocalm Dual Action suitable for Adults and Children over 6 years

With your recommendation and our successful campaigns, it's sure to be an Ultra successful summer - again!

* Source: Independent Pharmacy Audit



Always read the label.

NOTHING STOPS DIARRHOEA FASTER

ALSO AVAILABLE: DIOCALM DUAL ACTION - FOR ADULTS AND CHILDREN FROM 6 YEARS.

Diocalm Ultra Essential Product Information Presentation: Capsules with opaque turquoise caps and opaque white bodies. Each capsule contains Loperamide Hydrochloride EP 2.0mg. **Uses:** For the symptomatic relief of acute diarrhoea. **Dosage and Administration:** For oral administration. **Adults and children aged 12 years and over:** Two capsules immediately followed by one capsule after each further bout of diarrhoea up to a maximum of 8 capsules in any 24 hours. Not to be given to children under 12 years. **Elderly:** The adult dose may be taken. **Contraindications Warnings etc:** Contraindications: Hypersensitivity to the active ingredient. Conditions where inhibition of peristalsis is to be avoided, eg. Constipation, diverticular disease and acute ulcerative colitis. **Other Special Warnings and Precautions:** The product should be used with caution in cases of impaired liver function. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm Ultra, it is important to replace body fluids lost during diarrhoea. If symptoms are severe, rehydration therapy should be taken. If you are pregnant, consult your doctor before use. **Use in Pregnancy and Lactation:** The product should only be taken under medical supervision. Caution is advised during lactation. **Undesirable effects:** Rarely skin rashes including urticaria have been reported. **Overdosage:** The following effects may be observed in cases of overdosage: constipation, ileus and neurological symptoms. Treatment would be symptomatic. In severe overdose naloxone can be given as an antidote if required. **Legal Status:** P. **Pharmaceutical Precautions:** None. **Packs:** Packs of 6 and 12 capsules. **Price:** RSP 6 capsules £2.89 12 capsules £4.85. **Product Licence Number:** PL11314/0968. **Product Licence Holder:** Seton Products Ltd, Tiberton House, Oldham OLT 3HS, England. **Distributor:** Seton Scholl Healthcare plc, Tiberton House, Oldham OLT 3HS. **Date of Revision:** May 1999. Diocalm is a Trade Mark of Seton.

All the way to Hong Kong on one dose of Nurofen Long Lasting



Backache is a very common problem, even more so in old age. But staying free of pain the whole day is something everyone is entitled to.

Just one convenient dose of Nurofen Long Lasting can ease pain for up to 12 hours.¹ Two capsules of the sustained release formulation provide a delivery of 600 mg of ibuprofen, giving long-lasting relief for up to 12 hours.²

Nurofen Long Lasting can help sufferers of backaches, non-serious arthritic pains and other muscle and joint pains get on with their lives without the need for frequent re-dosing.² Why not let your customers benefit from pain relief for up to 12 hours on just one dose of Nurofen Long Lasting?

new

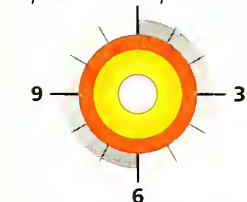
Designed to **keep going**



PRODUCT INFORMATION FOR NUROFEN

LONG LASTING. Nurofen Long Lasting: Each capsule contains 300mg ibuprofen. **Indications:** The effective relief of backache, dysmenorrhoea, headache, dental pain, non-serious rheumatic and rheumatic pain, neuralgia, and muscular pains. **Dosage:** Adults, elderly and children over 12 years: One or two capsules taken daily. The capsules should be taken together with water and swallowed whole. Do not chew or crush the capsules. Do not take more than 4 capsules in 24 hours. There should be at least 8 hours between doses. Not suitable for children under 12 years of age. If symptoms persist consult your doctor. For oral administration. **Precautions and warnings:** Patients with existing, or a history of, peptic ulceration, hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of bronchospasm, rhinitis, urticaria, or associated with aspirin or other NSAIDs. Caution is advised in patients with renal, cardiac or hepatic impairment. In these patients, the dose should be as low as possible and renal function should be monitored since it may deteriorate following the use of a NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, chronic asthma or allergic disease. The elderly are at increased risk of the serious consequences of severe reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. **Side effects:** **Gastrointestinal:** Abdominal pain, nausea and indigestion. Occasionally peptic ulcer and gastrointestinal bleeding. **Skin:** Pruritis, urticaria and rash. Rarely exfoliative dermatitis and epidermal necrolysis have been reported with ibuprofen. **Other:** Papillary necrosis which can lead to renal impairment. **Others:** Rarely hepatic dysfunction, dizziness, hearing disturbance and neutropenia. Bronchospasm may be precipitated in patients with a history of aspirin-sensitive asthma. **Product licence Number:** 00327/0101. **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal category:** P. **Price:** 12s £2.69, 24s £4.99. **Expiry date:** March 1999. **References:** 1. Nurofen Long Lasting Summary of Product Characteristics. 2. Data Sheet, Boots Healthcare International, Study 1.

up to 12 hour pain relief



**CROOKES
HEALTHCARE**

www.nurofen.com

Feel good factor for Cantassium



Larkhall Laboratories will relaunch its Cantassium range of vitamins and minerals on July 5. The move follows the acquisition of Larkhall by Nutricia in February.

The 31 products in the range are the best-sellers from the previous Cantassium line up and the Natural Flow range which has now been discontinued.

The products will be colour-coded to simplify selection. A new brand image will feature the straplines 'feel good factor' and 'the natural choice'.

All the products have been subject to the Health Food

Manufacturers' Association's approval process. Retail prices range from £2.99-£13.99.

A £500,000 marketing programme to support the relaunch will highlight five supplements in the range including Cantamega 2000, Pycnogenol with Alpha Lipoic acid, Glucosamine with Chondroitin and Bio Female High Strength.

Educational PoS material includes consumer leaflets featuring a money-off coupon. The Nutricia salesforce will detail the relaunch to pharmacies.

Larkhall Laboratories.
Tel: 0181 871 0401.

ON TV NEXT WEEK

- Arrid XX:** All areas except U, CTV
- Beconase Allergy:** C5, C4, Sat
- Benadryl Allergy Relief:** All areas
- Clarityn Allergy:** LWT, CAR, TSW, C4, C5, GMTV, Sat
- Daktarin:** All areas except GTV, CTV, TSW
- Lipovitan:** ITV, LWT, GMTV, C4, C5
- Livostin Direct:** B, G, Y, C, A, HTV, W, M, LWT, TT
- Mediacom TMB:** All areas except U, CTV, GMTV
- Nicorette Inhalator:** All areas
- Nicorette Microtab:** All areas
- Nytol:** C
- Pearl Drops toothpolish:** All areas except U and CTV
- Rennie Deflatine:** All areas
- Sensodyne toothpaste:** All areas
- Settlers:** C
- Sudocrem antiseptic healing cream:** C, GMTV
- Zi:** C4, Sat
- Zirtek:** GMTV

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Counterpoints

Allergens reaction from Sutherland

Allergens is a new hypo-allergenic emollient cream from Sutherland Health that is 100 per cent natural.

It has no preservatives and contains only functional ingredients such as aloe vera, phytosterols, rose oil, borage oil and glycyrrhetic acid (from liquorice root).

Allergens can be used to soften, soothe and protect skin from irritants. It is suitable for all skin types including that of infants and those with eczema, psoriasis, dermatitis and other dry itchy conditions.

Each 50g tube retails at £4.99 representing a PoR of just under 50 per cent. An introductory offer is available of £15.28 for seven tubes (normally £16.98 for six).

Sutherland Health Ltd.
Tel: 01635 874488.



Lipolest adds fibre

Lipolest is a new food supplement from Ardern Healthcare that contains soluble fibre to help maintain cholesterol levels in the diet.

Lipolest (£10.99, 30) comes as citrus-flavoured granules of ispaghula husk and guar gum. Each 5.5g can be dissolved in water or fruit juice or sprinkled onto yoghurt. Initially two to three sachets should be taken daily for the first month; this can then be reduced to one to two sachets daily.

Activ8 Healthcare Sales is offering an introductory deal to pharmacy.
Ardern Healthcare Ltd.
Tel: 01584 781777.

Osteocare hits the airwaves

Vitabiotics is aiming to build awareness of magnesium's role in bone health with a national radio campaign starting this week.

The campaign will run for 15 weeks with a total of 840 spots on LBC and News Direct. The 30 second adverts will be presented by actress June Whitfield.
Vitabiotics Ltd.
Tel: 0181 902 4455.

Manicare is on the nail in an instant

Cork International is launching a new artificial nailcare system designed to achieve professional looking nailcare results at home.

The Manicare Instant Nail System features a glue-on nail kit with 30 assorted tips in ten different sizes. An Instant Nail Glue Pen enables the nails to be applied cleanly and quickly.

The system includes a Glue Remover Gel to remove the nails. It is applied to the entire nail area and peels off the nail tips within five minutes without damaging the existing nail.

Retail prices range from £2.99 for the Glue Remover Gel to £6.99 for the Complete Nail Kit Active. A Nail Tip Cutter (rsp £12.99) is also available.

Cork International.
Tel: 0121 436 6633.

AAH upgrades Vantage photo service

AAH Pharmaceuticals is re-introducing a new, improved photoshop service for Vantage pharmacists.

Vantage Pharmacy Photoshop is being launched this week and will go live from June 28. Those who operate the service will receive branded wallets for 6x4in prints, Vantage work envelopes, plus a full range of PoS, window display and counter materials.

In-store training will be provided for pharmacy assistants, and full marketing support is pledged throughout the year.

The photo film market is worth £250 million and photo processing alone was worth £400m in 1998.

AAH Pharmaceuticals.
Tel: 01203 432000.

Leg and body treats from Inecto

Inecto has launched four leg and body treats in single-use tube shaped sachets, each priced at £0.89.



Lime Leg & Foot Gel contains lime extract and menthol in a light gel to revive tired aching legs. Seaweed Mineral Foot Soak provides a refreshing footbath.

Leg & Body Scrubs come in strawberry or coconut variants and combine a moisturising cream formula with exfoliating particles.

Each laminated sachet contains 15g of product. Display merchandisers hold 12. They are available individually (£6.82 trade) or in mixed outers of four (£27.28 trade).

Inecto Ltd.
Tel: 0181 893 5333.

Aqua source set to blossom in summer ad campaign

Cussons is supporting the recent launch of its Aqua Source shower and bath range with a £5 million nationwide TV, cinema and press campaign, kicking off this week.

Television advertising will run until the end of August in five ITV regions (including Granada, Anglia, HTV and Meridian), Channel 4, satellite and cable stations. The commercial will also be showing in Virgin, Odeon, ABC and Showcase cinemas until September. Press advertising will run concurrently and will include sample

sachet tip-ons and advertorials in key women's magazines.

The commercial, called 'Tattoo', features Brittany Daniel (from the TV series 'Sweet Valley High') with a voice over by Patsy Kensit. The storyline centres around a woman with a small rosebud tattoo showering in a hotel. She is arrested, but on questioning, her identifying mark has blossomed into a rose.

Cussons sales director Neill Craigie is predicting a top five share of the shower market for the



range by January 2000.
Cussons (UK) Ltd.
Tel: 0161 491 8000.

P&G's Secret is out

Procter & Gamble is launching its Secret antiperspirant for women in the UK this month.

A top selling antiperspirant brand in the US, Secret is available in two formats - Satin Dry Cream and Clear Dry Stick.

Satin Dry Cream is formulated to provide even distribution over the skin and rub in like a lotion, leaving dry-to-the-touch, smooth skin. It features a mesh applicator coupled with a thumb 'clicker' to dispense

the right amount of product.

Secret Clear Dry Stick is formulated to glide smoothly over the skin and to go on clear, leaving no powdery residues.

Both formats are available in three fragrances. Retail prices are £2.99 for Satin Dry Cream and £2.49 for Clear Dry Stick.

The launch will be supported by a £12.5 million media campaign.

Procter & Gamble UK.
Tel: 01932 896000.



Elida Fabergé gives retro look for Vaseline Lip Therapy

Elida Fabergé is launching Vaseline Lip Therapy in retro packaging in July.

The petroleum jelly product for soothing dry skin and lips will come in a small blue and white tin, which

has been successfully test marketed.

Designed to appeal to young consumers, the tin's handy size allows it to fit into a pocket, purse or make-up bag.

A counter unit has been specially designed to dispense the tins in-store.

Retail price is £0.99 for 20g.
Elida Fabergé.
Tel: 0181 481 6000.

Another mystery shopper on the loose

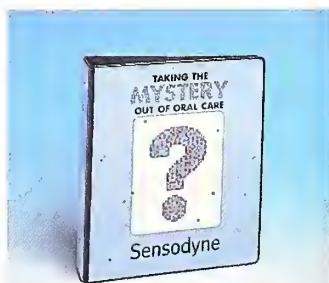
A mystery shopper from Stafford-Miller will be calling on pharmacies nationwide starting next month until October.

The shopper will be asking questions on oral hygiene. Pharmacists and staff who provide the correct advice can win prizes of up to £100.

The initiative follows up a mailing earlier this year when pharmacies were mailed an oralcare reference guide, 'Taking the Mystery out of Oral Care'. Those who complete and pass the test paper at the back of the guide qualify for four hours' CPP accredited

continuing professional development.

Stafford-Miller Ltd.
Tel: 01707 331001.



You have standards. So do we.

S.B.
CORSODYL

THE GOLD STANDARD TREATMENT FOR GINGIVITIS



Chlorhexidine gluconate

CORSODYL
Chlorhexidine gluconate

A pharmacy is no place for compromise, especially when it comes to chlorhexidine mouthwashes.

For over 24 years Corsodyl has been 'The Gold Standard'™ treatment for gingivitis. Also used for the management of aphthous ulceration, dental stomatitis, oral thrush and the promotion of gingival healing after oral surgery, no wonder Corsodyl is recommended by 99% of pharmacists.*

Corsodyl. Tried, tested and trusted. Why settle for anything less?

**THE
GOLD STANDARD
TREATMENT FOR GINGIVITIS**

Corsodyl. Uses: Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene; promotion of gingival healing following surgery; useful in the management of aphthous ulceration and oral candidal infections. **Presentation:** Spray and Mint Mouthwash; Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: Clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: Clear colourless gel containing 1%w/v chlorhexidine gluconate. **Dosage and Administration.** Spray: Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for one minute, once or twice daily. Ulcers, oral candidal infections: Apply gel directly to sore areas. For gingivitis use for a month. For ulcers, oral candidal infections, use for 48 hours after clinical resolution. **Contraindications.** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **Precautions.** For oral use only, keep out of eyes and ears. **Pregnancy and**

Lactation. No adverse events have been reported, and no special precautions are recommended. **Side effects.** Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth coloured restorations may occur, usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional parotid swelling. **Overdosage.** Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable.

Product Licence Numbers and Basic NHS Cost: 'Corsodyl' Spray (0079/0311) 60ml (OP) £4.10 'Corsodyl' Mouthwash (0070/0313) 300ml (OP) £1.93 'Corsodyl' Mint Mouthwash (0079/0312) 300ml (OP) £1.93 600ml (OP) £3.85 'Corsodyl' Dental Gel (0079/0314) 50g (OP) £1.21 Legal Category P. Date of last revision June 1998.

Licence Holder SmithKline Beecham Consumer Healthcare, Brentford TW8 9BD. CORSODYL and CORSODYL THE GOLD STANDARD are registered trade marks.

*Source: PMSI data 1997

**S.B. SmithKline Beecham
Consumer Healthcare**

Medical matters

DoH stands firm over MMR jab

The debate over the safety of the MMR vaccine continues to rage, with the deputy chief medical officer, Dr Jeremy Metters, this week dismissing any link with autism or Crohn's disease.

Dr Metters' statement follows the publication of two new independent studies. The first, undertaken by a Committee on Safety of Medicines working party, examined records passed on by solicitors pursuing claims for a link.

Some 92 cases of autism and 15 of Crohn's disease were reviewed; medical reports were collected and parents were asked to complete question-

naires. The report concludes that the evidence "did not support the suggested casual associations or give cause for concern about the safety of MMR or MR vaccines".

The second study was an epidemiological study carried out by a team from the Royal Free Hospital and the Public Health Laboratory Service, published in last week's *Lancet*.

Researchers looked at 498 autistic children born in the North Thames region since 1979, covering the period before and after the introduction of mass MMR vaccination. They found no increase in autism since 1988, no dif-

ference in MMR vaccine uptake between autistic children and the general population and no link between the timing of MMR and the onset of autism.

Dr Metters said the two new studies added to the substantial body of evidence supporting the safety of the MMR vaccine.

"It is natural for parents to worry about the wellbeing of their children. The new studies offer further reassurance to those who are concerned about the possibility of a link. The fact is that MMR vaccination does not cause autism or Crohn's disease," he said.

Allergy sufferers get poor service with the NHS

Specialist allergy clinics are lagging far behind other clinics in the NHS, with only one full-time allergist for every 2.1 million people compared to one cardiologist or gastroenterologist to every 100,000.

Although new research from the British Allergy Foundation and Schering-Plough has found over 120 NHS allergy clinics offering specialist advice and treatment, the British Society for Allergy & Clinical Immunology (BSACI) says this is not enough.

Only five NHS allergy clinics within the whole of the UK offer a full-time multidisciplinary service; the remainder providing only part-time services, claims the Society.

Distribution of these clinics is also uneven. Blackspots where there are no full-time NHS consultant-led clinics include parts of northern England, Trent, West Midlands, Scotland, Wales and Northern Ireland.

With up to 40 per cent of people suffering allergies, such inadequacies mean waiting lists can stretch to two years. BSACI is now spearheading a campaign to improve services.

Professor Tak Lee, president of the Society, said: "Allergy is now a recognised medical speciality in its own right and it is important that we provide realistic levels of funding and support to this area of medicine so that allergy patients can receive a satisfactory service."

Asthma in children doubled in a decade

The number of children under five who suffer asthma and wheezing has almost doubled in the past ten years, according to the National Asthma Campaign's annual audit.

The Leicester survey found that 21 per cent of under fives were diagnosed with asthma last year, compared with 12 per cent in 1990. Wheezing attacks within a 12 month period have also doubled from 12 per cent in 1990 to 23 per cent in 1998.

In addition, around one in seven children (aged two to 15) currently have asthma symptoms which need treatment, an equivalent of 1.5 million

children nationally. In adults, this figure is one in 25, or 1.9 million in total.

The audit also estimated the total cost of treating asthma in the UK is now in excess of £2 billion a year.

The results of the audit were disclosed at the Campaign's Congress last week in London. NAC chief executive Anne Bradley said it was extremely worrying that asthma was on the increase.

The Government is funding a major research project on the link between air pollution and respiratory disease which may be a factor in the rise of childhood asthma.

Cigars as bad as cigarettes

A new study has found cigars to be as detrimental to health as cigarettes, despite being perceived by the public as a safer alternative.

In a study published in the *New England Journal of Medicine*, cigars were found to increase the risk of coronary heart disease, chronic obstructive pulmonary disease and cancers of the lung and upper aerodigestive tract. Previous to the study, an association between cigar smoking and cardiovascular disease had not been clearly established.

The study looked at 17,774 men aged 30-85 who were enrolled in a medical care scheme. None of the men had ever smoked cigarettes and none smoked a pipe at the time of recruitment. The sample, of which 1,546 smoked cigars, were followed up from

1971 to the end of 1995 for hospitalisation for, and/or death from, a major cardiovascular disease or COPD, and through to 1996 for cancer.

The researchers found cigar smokers to be at higher risk of CHD compared to non-smokers (relative risk 1.27), and at higher risk of COPD (relative risk 1.45) and cancers of the upper aerodigestive tract (relative risk 2.02) and lungs (relative risk 2.14).

The US has seen a resurgence of cigar smoking among high socio-economic groups, and particularly among teenagers and women. Because cigar smoke is not normally inhaled, cigars are perceived to be safer than cigarettes. Cigar smoke contains the same toxins and carcinogens as cigarettes. Smoking four or more cigars a day is equivalent to smoking ten cigarettes a day.



IN BRIEF

Transiderm-Nitro warning

The data sheet for Transiderm-Nitro 5 and 10 now carries a new warning that 'sildenafil has been shown to potentiate the hypotensive effects of nitrates, and its co-administration with nitrates or nitric oxide donors is therefore contraindicated' and 'the hypotensive effect of nitrates are potentiated by concurrent administration of sildenafil'.

Navartis Phormochemicals UK. Tel: 01276 692255.

Norton repacks own brands

Norton Healthcare has repacked all 87 products in its own-brand portfolio to meet patient pack requirements. New packs now come with blister strips, plain English leaflets and braille on cartons. The relaunch has been five years in the making.

Norton Healthcare. Tel: 08705 020304.

Mycardol discontinued

Sonofi Winthrop has discontinued Mycardal Tablets (pentoerythritol tetranitrate) because of production difficulties. Small quantities of stock are still available.

Sonofi Winthrop. Tel: 01483 505515.

Micanol helpline for psoriasis

Medeva has opened a new 24-hour helpline for users of the psoriasis treatment Micanol. The freephone number is 0800 0680102.

Medeva Pharma. Tel: 01372 364000.

E45 Lotion ACBS approved

E45 Lotion (both 200ml and 500ml sizes) is now classified as a Barrierline Substance. The lotion can be prescribed for symptomatic relief of dry skin conditions, such as those associated with atopic eczema and contact dermatitis.

Craakes Healthcare. Tel: 0115 968 8722.

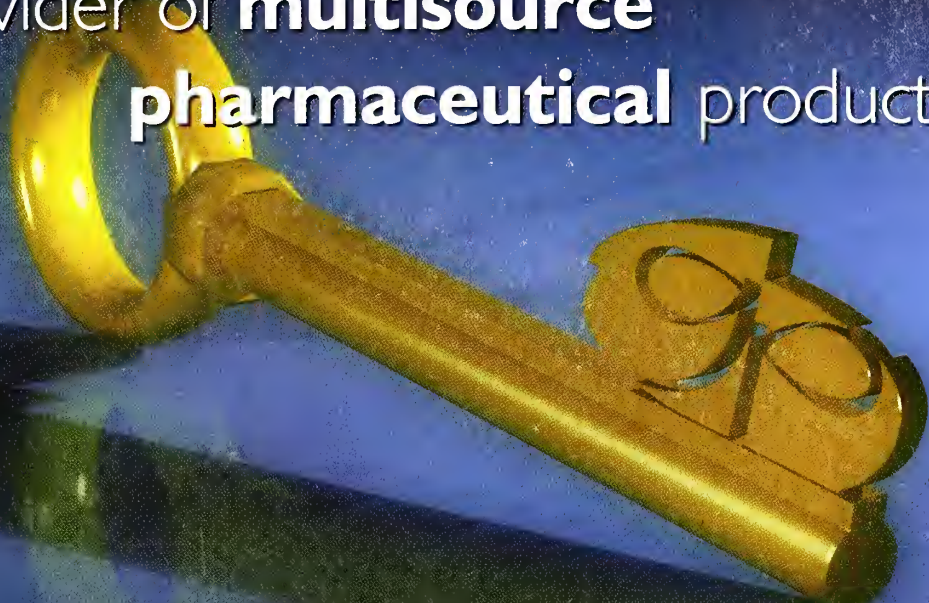
Urinary incontinence book

'Understanding Female Urinary Incontinence' is the latest addition to the Family Doctor Series. The book, (costing £2.49), aims to reassure the estimated 30 per cent of women affected that the condition is both common and treatable. The overage time taken for women to seek help is five years.

Family Doctor Publications Ltd. Tel: 01295 276627.

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You do not have to be big to be influential, as Scottish pharmacy group Edinpharm has proved by becoming involved with the local primary care trust. **Guy L'Aimable** reports

James Allan, managing director of Edinpharm, can afford a wry smile as the media focuses on the future of the new Scottish Parliament. Edinpharm, a pharmacy group based in Edinburgh, has been working quietly behind the scenes for a couple of years to ensure its pharmacies have a pivotal role in their region's new healthcare system.

While England and Wales have primary care groups, Scotland has taken this concept a step further with primary care trusts (PCT). These have taken over the former responsibilities of area health boards and are split up into locality groups, each of which services a population of around 100,000 and is managed by a team of healthcare professionals comprising GPs, community pharmacists, practice nurses and, where necessary, dentists or ophthalmologists.

Lothian's health board has eight locality healthcare co-operatives, each of which has a pharmacy care locality group. Five Edinpharm members have been elected 'locality leaders' in the pharmacy care groups, which means they co-ordinate the groups' services.

Like Fife Pharmaceutical Services (FPS), another Scottish pharmacy group, Edinpharm knows it must sit on the relevant decision-making bodies to have some say in the future of pharmacy.

Mr Allan, who owns three pharmacies with his brother George and their father, says Lothian Health Board is clearly taking local pharmacies seriously. "Most other health boards have this locality structure, but they don't have the same depth as Lothian. So we're quite fortunate," he says.

Edinpharm's locality group representatives will be feeding back policy decisions and skills to other community pharmacists in their

Primary influence



James Allan: managing director of pharmacy group Edinpharm

particular area – there could be as many as 20 in each locality. Mr Allan says there is a feeling of co-operation that will benefit pharmacies and their customers.

"Working together has been for the good of patients because we're sharing our experience and skills. Our day to day practice/business skill has improved through membership of Edinpharm. We hope pharmacy locality groups feel the same," he says.

That urge to pool strengths, in common with other pharmacy

groups, was behind Edinpharm's formation in June 1997, although 12 of its members had been working together informally since April 1996.

At the time it was a traditional buying group designed to counter the 'big boys'. There are 170 pharmacies in the Lothian area, most of them multiples.

However, after a meeting with Christine Glover, one of its shareholders and recently elected

Essential information:

Daktarin™ Cream. Presentation: White cream containing miconazole nitrate 2% w/w. **Indications:** Treatment of fungal infections of the skin and super-infection due to Gram-positive bacteria. **Dosage:** Apply twice daily and continue for ten days after lesions have disappeared. **Precautions and warnings:** Discontinue if hypersensitivity occurs. Use with caution in pregnancy.

Price: £3.20, 15g tube. **Legal category:** P. **PL:** 0242/0016 **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ. **Date of Preparation:** March 1999.

Essential Information: Daktarin™ Powder. Presentation: White powder containing miconazole nitrate 2% w/w. **Indications:** Treatment of fungal infections of the skin and super-infection due to Gram-positive bacteria. **Dosage:** Apply twice daily and continue for ten days after lesions have disappeared. **Contra-indications, precautions and warnings:** Not for hair or nail infections. Discontinue if hypersensitivity occurs. Use with caution in pregnancy.

Price: £3.20, 20g tub. **Legal Category:** P. **PL:** 0242/0017 **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ. **Date of Preparation:** March 1999.

Essential Information: Daktarin™ Oral Gel. Presentation: White gel containing miconazole 2% w/w. **Indications:** Treatment and prevention of fungal infections of mouth. **Dosage:** Apply a small amount of gel directly to the affected area. Children 0 to 6 years twice daily. Adult and children over 6, four times daily. Continue treatment for up to 2 days after symptoms have cleared.

Precautions, warnings: Consult doctor if pregnant. **Interactions:** Oral miconazole may interact with anticoagulants, anti-epileptics or hypoglycaemic drugs. **Side Effects:** Mild GI disturbance. **Price** £3.99, 15g tube. **Legal category:** P. **PL:** 0242/0048. **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ. **Date of Preparation:** March 1999.

Continued on P20 →

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CONSUMER PHARMACEUTICALS

Daktarin. Nothing works harder on more fungal skin infections.

→ Continued from P18

president of the RPSGB, the group decided to develop its professional side. It became a limited company to raise funds.

Not just numbers

By then Edinpharm had 20 shareholders, whose ranks have since been swollen by ten former associate members. The group represents 35 pharmacies - which account for more than half the region's independents - and hopes to add another 15 this year.

In March, Edinpharm introduced annual membership fees of £500.

Mr Allan stresses the issue is not about mere numbers. "You don't get into our company unless you show you're interested in pursuing a high practice standard," he says. Prospective members must also indicate what marketing or professional services they can bring into its fold.

"We want a tight organisation - buying groups have come and gone before because they've lacked control," he says.

Members of smaller groups, he adds, may feel more responsible for their actions because they cannot afford to carry slackers. "We can ask

members 'why haven't you been to a couple of training weekends?' There's more the feeling that you're letting chaps down if you don't go," he says.

On the flip side, Edinpharm members can help each other during product shortages. It already runs a delivery service for Edinpharm products and locum cover for members, which is paid by the company. Edinpharm has also negotiated a group rate for private health insurance.

In time, and with the necessary software, members could pool sales data to spot purchasing trends.

Although the company negotiates on behalf of its members, they are free to choose their wholesalers.

It currently has one director in charge of ethical purchasing, another responsible for OTCs and two dealing with professional services.

Again, like FPS, Edinpharm is concentrating on clinical services rather than product discounts *per se*. It may introduce in-store blood sugar and blood pressure tests that could be advertised in local surgeries.

The group is also looking into selling prescribing services to GPs, and introducing consultation areas in its pharmacies.

Mr Allan says this expertise works better for independent pharmacies than massive advertising campaigns for products.

"People like UniChem and AAH spend millions on advertising, yet they're not what you call household names. If they can't do it, there's no chance for us - that's why we'd

rather market our

professional services," he says. The group has forged close links with pharmaceutical manufacturers who provide training resources. SmithKline Beecham, for example, has offered to take an Edinpharm pharmacist on a marketing course. The pharmacist will relay the techniques to other members.

Zeneca, meanwhile, spent several days with Edinpharm's board to help it build a business plan and establish its strategy over the next five years.

Edinpharm may reciprocate such help by collecting data for manufacturers, although Mr Allan admits that would not be easy and such a scheme would have to be thought through carefully.

Having established its foundations, Edinpharm has appointed Sheila Wills to manage its day-to-day administration. Ms Wills has

secretarial and book-keeping experience in community pharmacy.

Mr Allan says her work will lighten the load of some actively-involved members, who had found the pressure particularly acute last Christmas. "Decisions were being made, but actions weren't being taken because we were all too busy working hard - at our size you've got to get things done."

Buying up pharmacies

Edinpharm, if it becomes more prosperous, may look into buying pharmacies. The notion is a personal ambition of Mr Allan. "I'd like to see companies like Edinpharm buying pharmacies and then giving young pharmacists the opportunity to buy into them. At the moment it's very difficult for them to own one."

The move may also work in Edinpharm's favour - last year a couple of members retired and sold their outlets to people outside the company, so it lost the members and their input.

Mr Allan is confident about the future of Edinpharm's pharmacies - less so about other independents. "In five years' time I would be very surprised if independents are still left who are not members of a buying group, or a group like us," he says. "We get the best of both worlds. I have my own business and I've got a large company working for me."

"Buying groups have come and gone because they lacked control"

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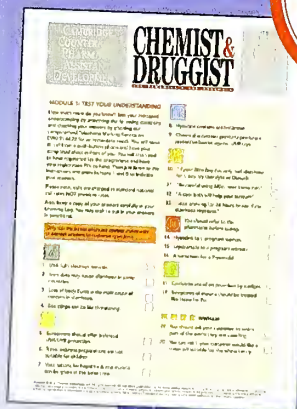


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PHARMACYupdate

Cracking the addict

'Every form of addiction is bad, no matter whether the narcotic be alcohol or morphine or idealism,' according to Swiss psychologist Carl Gustav Jung. **Dr Rod Tucker**, pharmacist and director of the Freelance Needle Exchange scheme in North Lincolnshire, looks at what makes an addict in the first of a two-part article



Addiction I
The psychology and physiology of addiction **I**

Case history

The importance of tests in differential diagnosis **V**

First person

A past PMS sufferer shares her experience **VI**

Medical update

Campylobacter is the new food villain **VIII**



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OBJECTIVES

- To understand the definition of addiction
- To recognise the various factors behind addiction
- To be aware of the drugs and medicines that can cause addiction
- To be aware of the positive and negative effects of drugs of addiction

state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug. It is characterised by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience psychic effects and sometimes to avoid discomfort in its absence.

This definition accepts that drug dependency can be both physical and psychological.

● **Physical dependency** can be defined as 'an adoptive state that manifests itself by intensive physical disturbances when the

Continued on P11 →



Many people would not be surprised to discover that everyday substances such as caffeine, tobacco and alcohol are capable of producing withdrawal symptoms, and this implies some degree of dependence. Although such drugs are viewed differently to heroin or amphetamine, this distinction depends on the way in which society considers the use of different substances. For instance, some cultures will use cannabis during religious festivals although the use of cannabis is illegal in our

own society. Consequently, some of the terms used to describe drug users, such as addict, drug misuser, junkie, are often value-laden or judgemental. It is also true that definitions of abuse or misuse reflect the beliefs of society. As an example, the Royal College of Psychiatrists in 1987 defined drug misuse as 'any taking of a drug which harms or threatens to harm the physical or mental health or social wellbeing of an individual or other individuals, or of society at large, or which is illegal'. This clearly includes the heroin injector but encompasses both the drunk

driver who kills a pedestrian and the housewife who needs large amounts of diazepam to cope with her life.



Definition

The term 'addiction' suggests that the use of a drug is producing a serious detrimental effect on the individual (known as an addict). As discussed above, the term is judgemental and the preferred term is drug dependence, which was defined by the World Health Organization (WHO) in 1964 as a

ADDICTION CYCLE

EXIT FROM CYCLE

ENTRY INTO THE CYCLE

RELAPSE



MAINTENANCE

At this stage the client might be drug free but has to stay that way which can be difficult

ACTION

At this stage the client is actively trying to reduce/stop using

PRECONTEMPLATION

Typical quotes
"Everyone uses something"
"It's not me who has a problem"

CONTEMPLATION

Typical quotes
"If I do stop, my wife will stay with me"
"If I can stop, I'll sort my life out"

DETERMINATION TO STOP

At this stage the client recognises that there are more risks than benefits to taking drugs

43,272 in 1996 (the index was abolished in 1997), and the Regional Drug Misuse Database which shows that there were 28,856 people in treatment in April 1996. Nevertheless, both sources probably greatly underestimate the actual number of drug users. Population based surveys suggest that at least one in three adults of working age have used drugs at some time and that about one in 20 may be using drugs on a monthly basis. Unofficial estimates suggest that there could be as many as 100,000 drug users.



Why take drugs?

No one particular theory is sufficient to explain why people use drugs and it is important to realise that drug taking is actually a multifaceted interaction between psychology, sociology and ultimately pharmacology. Historically, there are examples of cultures who have used mind-altering chemicals for centuries and in some respects, it is possible that the ability to attain an altered state of consciousness, is a

Continued on PIV →

Continued from PII

administration of the drug is suspended'. These disturbances, such as withdrawal or abstinence syndromes, are made up of a specific array of psychic and physical symptoms characteristic of each drug type.

● **Psychological dependency** in contrast is defined as a condition in which a drug produces 'a feeling of satisfaction and psychic drive that requires periodic or continuous administration of the drug to produce pleasure or to avoid discomfort'.

However, individuals are not solely physically or psychologically dependent on a drug; both are present and physical dependency can be thought of as effecting events at the cellular level, while psychological dependency operates to control emotions, feelings and behaviour. Psychological dependency might be thought of as representing the degree of anxiety or depression experienced when drug use ceases.

Prevalence of drug misuse

The true incidence of drug misuse is

unknown since it is an illegal activity. Official sources of information include the Home Office Addicts Index, which shows the number of registered addicts notified to the Home Office was

Table 1. Effects of drugs

DRUG	POSITIVE EFFECTS	NEGATIVE EFFECTS
Heroin (junk/smack) Injected/smoked/sniffed. Average use is 0.25g of heroin per day. Costs about £100/g and is normally only about 50 per cent pure	Produces a tingling sensation in the stomach. Histamine is released causing reddening of the eyes/itching. The CNS effect is depressant leading to sedation, reduced visual acuity and mental clouding. A feeling of heaviness develops. Sensation of pain is reduced	Initially can produce nausea and vomiting (particularly in novice users). Depression of respiratory system can lead to death. Most of the problems are related to the impurities, which include chalk, talc, brick dust (see table 2)
Amphetamine (wizz/speed/sulph) Sniffed/swallowed/injected. Average use is several grams per day. Costs about £10/g, although only about 5 per cent pure	Produces feelings of euphoria, greater self-confidence, alertness and energy all within 30 minutes. Effects are mainly due to increased sympathetic nervous system stimulation, ie increased heart rate, vasoconstriction	Due mainly to sympathetic stimulation and include raised blood pressure, panic attacks, reduced saliva production, pupil dilation. Central effects include psychosis and visual hallucinations, seizures. Depression and severe hunger occur after stopping
Ecstasy (MDMA) (E, Doves, various names depending on the pictures on the tablets). Average use is 75-200mg. Costs between £10 and £25/tablet, although only about 30 per cent pure	Produces similar effects to amphetamine after about one hour, including sweating, increased blood pressure and a dry mouth. Reported by users to make them feel more 'in tune' with friends and surroundings. It also has some hallucinogenic effects	Can produce feelings of panic and confusion depending on initial mood. Depression can occur in long-term users and animal studies suggest that hepatotoxicity and neurotoxicity can occur. It also affects thermo-regulation, potentially resulting in heat-stroke
Volatile solvents Not illegal to purchase. Wide range of products eg hairsprays, lighter fuels, paint sprays and air fresheners.	Rapidly absorbed through lungs producing euphoria, slurred speech, ataxia, some hallucinations and delusions eg ability to fly which has resulted in deaths.	Unpleasant effects include nausea, vomiting, tinnitus, facial flushing, perioral eczema. Direct effect on cardiac muscle can produce arrhythmias. General effects include tiredness, poor performance
Cannabis (Dope/puff/weed) Average use (joint) 0.125oz per week. Costs £14-25 per 0.25oz. Purity is about 10 per cent THC (active ingredient)	Produces reddening of the eyes, dry mouth, increased heart rate. Centrally there is a euphoria and state of relaxation	Due to the relaxed state, reflexes are reduced, short-term memory can be affected. Forgetfulness and confusion occur with higher doses. Lung cancer can occur in long-term users

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Continued from P11

primordial human desire. At the simplest level, those who take drugs enjoy the experience and it is simply this pursuit of pleasure that is the goal for many drug users. Next time somebody wants to give up smoking ask them why they smoke. Invariably it is because they enjoy it even though they are aware of the risks.

● **Psychological factors**
Various psychological theories have been advanced. Some state that there are certain personality types who are more prone to addictive behaviour, although there is no evidence for an 'addictive personality' as individuals differ in their desire for experimenting, need for stimulation etc.

Other theories have suggested that addiction is a means of coping with low self-esteem. A shy person, for example, might therefore become less inhibited after taking alcohol or ecstasy and hence rely upon these drugs at social gatherings. Drug taking starts for some during adolescence, which is considered a time for experimenting and experiencing as much as possible. Nevertheless, most adolescents will not go on to be drug users. There is also some evidence of a genetic predisposition and alcoholism appears to be three to five times more common in the children of alcoholic parents.

● **Social and environmental factors**

Unemployment and social deprivation are associated with the increased use of heroin, although any direct causal link has not been established. Clearly, drug availability, costs and peer pressure are important factors, and today drug use is endemic in some inner city areas. Studies have suggested that up to a third of those aged between 16 and 59 have actually



Table 2. Body systems affected by drugs

BODY SYSTEM AFFECTED	PROBLEMS/COMPLICATIONS	DRUGS/CAUSE OF PROBLEM
Skin – normal barrier but has surface bacteria which can cause problems once the barrier is broken, eg <i>Staph aureus</i> , <i>Strep pyogenes</i>	Cellulitis, thrombophlebitis, abscess, tissue necrosis, gangrene and amputation in some cases. Parathesia (pins and needles). Many problems occur if injector misses the vein	Heroin (mainly due to adulterants) Temazepam – has a direct tissue necrotic effect if injected and the capsules can re-solidify once in veins causing blockages
Circulatory system	Septicaemia – due to pathogenic organisms after entry through the skin. Possible cause of unexplained fever in injector Endocarditis – often right-sided which is specific for drug injectors Systemic endocarditis – including mycotic endocarditis	Most drugs, particularly when highly cut. Candidiasis is often found in lemon juice used to prepare heroin. Initial symptoms (often as little as an hour after injection) can include high fevers, rigors and severe headaches
Pulmonary system	Pulmonary embolism Pulmonary hypertension leading to cor pulmonale – often due to tablet fillers Pneumothorax – particular problem after injection into the neck Pneumocystis carinii – due to opportunistic infection (see HIV below)	Generally due to injection of talc and some of the tablet fillers. Problem particularly with injection of diclofenac, diazepam and temazepam tablets
Musculoskeletal system	Osteomyelitis Septic arthritis Synovial joint infections in knee, hip, elbows	Often resulting from migration of septic emboli from other sites
HIV/Hepatitis B/C	AIDS – allows for opportunistic infections Hepatic carcinoma/cirrhosis in later life	Probably mainly spread through sharing injecting equipment although the mode of transmission of hepatitis C is not completely clear

tried drugs, with the greatest incidence in the 16-29 age group.

● **Pharmacological factors**

In animal models of dependence, access to injections of cocaine through the pressing of a lever will result in animals repeatedly giving themselves a dose of drug, which suggests that the drug influences the brain to reinforce that action. This pharmacological action is referred to as 'neuroadaptation'.

Similar models can be developed for drugs such as opiates, which implies a common pathway for both animals and humans. The mechanism of action of these drugs appears to be complex and is not completely understood. However, evidence from animal studies (as well as some work with drug users themselves) suggests that the effects are mediated through the mesolimbic system in the brain.

This dopaminergic pathway includes areas such as the amygdala and the hippocampus, and it seems that opiates as well as stimulants increase the levels of dopamine in this system. It appears that the mesolimbic system also controls pleasure as this system is activated by food and sex too.

As a drug user becomes accustomed to the effects produced by a particular dose of drug, that dose no longer produces the same effects. This is termed tolerance and requires increasing amounts to be taken to produce the same effect.

Once the drug is stopped, a withdrawal syndrome develops, for example, the 'cold turkey' experienced by heroin users.

In most cases, drug use dominates people's lives and everything else is excluded or neglected in the search for drugs. Life can become a constant struggle to obtain the necessary funds for drugs with food, clothes and washing becoming secondary considerations to the need to 'score'. For an excellent account of the lifestyle of a heroin user, see the book by Tam Stewart (in the Reference list).

Addictive drugs

There are many different drugs which can result in neuroadaptations within the brain resulting in a continued need to take them. These include heroin, amphetamine, cannabis, hallucinogens such as LSD, volatile solvents, alcohol, tobacco, anabolic steroids, nicotine, benzodiazepines and many OTC medicines. The effects of some of these drugs are described briefly in Table 1 but, in essence, such drugs produce pleasurable sensations in those who use them, resulting in further drug-seeking behaviour and dependency.

It is difficult to predict whether or not a person will become dependent on a particular drug as there are many different factors involved. Certainly length of

exposure to the drug is important, although some people have managed to stop smoking or give up heroin after many years with few problems.

The most hazardous route of drug use is via the syringe and many of the problems associated with injection of drugs are outlined in table 2.

The next part of the article will look at managing addiction.

References available on request.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. Do you suspect that any of your regular clients are drug misusers, particularly those who get weekly/monthly scripts for the benzodiazepines or dihydrocodeine? Have you discussed potential problems with the client?
2. Do you have volatile solvents on open shelf sale? Should you?
3. Do you have a problem with misuse of certain OTC preparations? Discuss with your neighbouring pharmacists and try to reach agreement on how to handle this problem
4. Would you consider laxative abuse as an addiction? What do you do about such requests?

vita forum

IN THIS ISSUE...

New Age or Stone Age?
Taking a lesson from the cave man on healthy eating.
Pages 1 & 4.

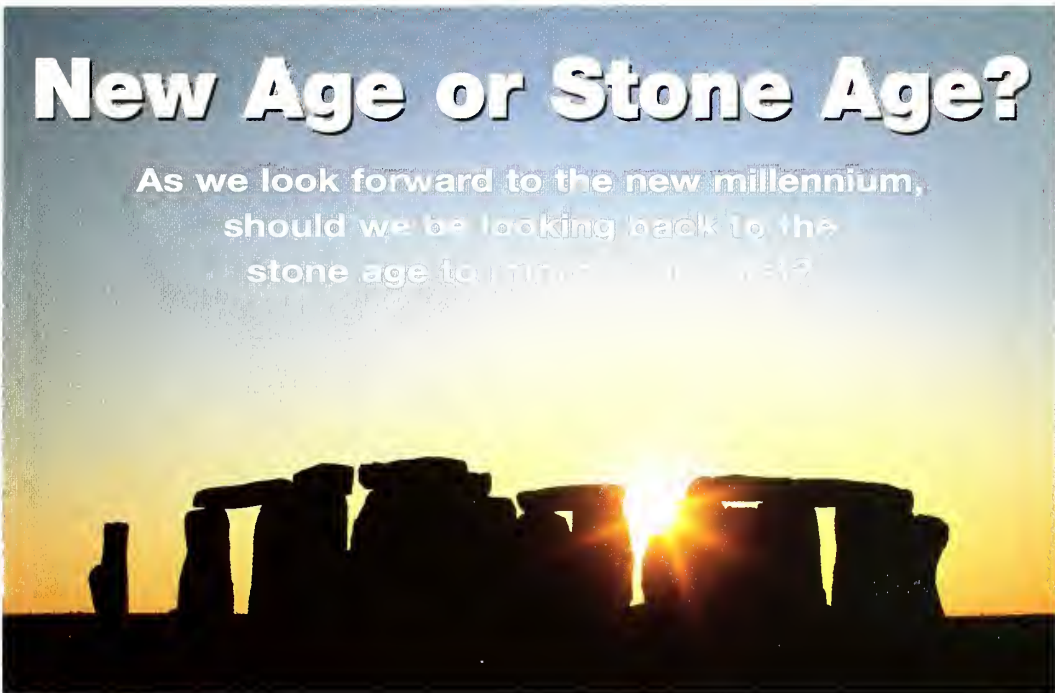
Antioxidants at Work
How proper nutrition can help combat free radical overload at work.
Pages 2 & 3.

Skin Protection Update
Page 3.

Editorial. Page 4.

FOR CAROTENOIDS
THINK COLOUR

Eating over 100 different fruits and vegetables over the course of a year, the average Stone Ager would have had an excellent carotenoid intake. In contrast, few people today manage to eat the recommended five portions of fruit and vegetables a day, and even those who do may be regularly choosing poor sources of carotenoids, such as apples and bananas. COLOUR IS THE KEY TO CAROTENOID-RICH FOODS – peaches, mangoes, oranges and melon are all good fruit sources, while high-scoring vegetables include broccoli, spinach, carrots and peppers.



We may think we have little to learn from Stone Age man in terms of health and longevity. After all, tens of thousands of years ago, average life expectancy was less than 18 years – today, we can expect to live well beyond our three score years and ten.

The traumatic injuries and infections which claimed most Stone Agers' lives at such a young age are, of course, no longer a threat to modern man due to improvements in hygiene and advances in medicine. But as people live longer, they face different threats such as heart disease, cancer and diabetes, and the real issue becomes less one of lifespan and more one of healthspan.

The key to that healthspan could lie in the diet of our early ancestors, according to nutrition experts who believe that the average modern diet is seriously out of sync with our genetic requirements.

Dr S Boyd Eaton, a medical anthropologist at Emory University, Atlanta, maintains that our dramatic shift away from the eating habits of our ancestors is responsible for fostering many of the 'diseases of civilization' which now account for 75 per cent of all deaths in the West. He believes that "by blending the essential elements of our ancestral lifestyle with the beneficial achievements of modern culture and technology (including medical care) we can realize health, vitality and longevity

unprecedented in prior human experience".

According to Dr. Boyd Eaton, 99% of our genetic heritage dates from about 40,000 years ago – before our biological ancestors had even evolved into Homo Sapiens – and that 99.99% of our genes were formed prior to the development of agriculture some 10,000 years ago. "That the

vast majority of our genes are ancient in origin means that nearly all of our biochemistry and physiology are fine-tuned to conditions of life that existed before 10,000 years ago. Genetically, our bodies are now virtually the same as they were

then". The problem is, our diet isn't.

10,000 years ago, pre-agriculture, we were all hunter-gatherers, hunting meat such as deer and bison, and gathering fruits, vegetables and nuts. It was a lifestyle which required considerable physical exertion – indeed, skeletal remains indicate that our ancestors were typically more muscular than we are today.

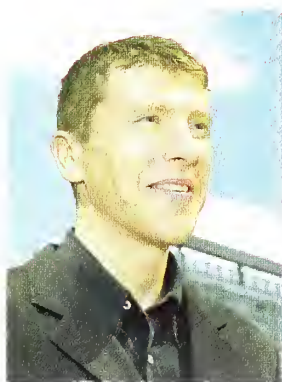
With the spread of agriculture, however, people began consuming large amounts of farmed meat, milk and grains, and they also became more sedentary.

The industrial revolution brought even more dramatic changes to our diet. Increasingly, food was refined, removing much of its nutrition, and fresh fruits and vegetables began (Continued on page 4)

Genetically, our bodies are now virtually the same as they were 10,000 years ago. The problem is, our diet isn't.

Antioxidants at Work

An average working day can increase your free radical load more than you might think. Nutritionist and health writer Angela Dowden explains why.



Deadlines, meetings, lunch time workouts and arguments with the boss... The average working day can be hard-going enough without having to worry about the effects on your health.

But the fact is that even the most mundane of days can put unnatural strains on your body. Modern living has increased the number of free radicals (molecules that can oxidise and damage cells) we are exposed to and even the most comfortable work places can contribute to bombardment with these molecules.

Have you ever thought how your own working day might shape up in terms of oxidant stressors versus antioxidant protection? Vita Forum asked willing volunteer Fraser Dawson – who as well as holding down a full time job in insurance is training to compete in an iron man competition – to reveal the secrets of his own daily diary...

Fraser's Diary

6am Get up

6.05am Begin cycling to work

8-9am Run in park near work. Eat breakfast (bagels, cereal, fresh fruit) in canteen.

9am-12pm At desk

12-1pm Lunch (pasta dish with chicken and vegetables). Swim or train in gym.

1-6pm At desk. Snacking on fruit.

6pm Cycle home

9pm Eat evening meal (homemade pizza with tomato paste, mozzarella, olives, tuna, broccoli and spinach)

10.30pm Bed

Fraser says:

I get up early, about 6 o'clock. It takes me about an hour and fifty minutes to cycle from Surbiton, where I live, to central London. Although the cycling itself is healthy, I'm aware that I'm breathing in fumes. Often, I'm actually overtaking stationary cars that are stuck in a traffic jam.

When I get to the office it's still only round 8 am so I may go for a run in Regent's Park before eating breakfast in the canteen and then showering and changing clothes for work.

I work in a huge office – it's very much a desk job and I'm sat in front of a computer screen all day. Bugs spread like wild fire through our air conditioning system – if someone goes down with something

it seems to pass from department to department.

At lunchtime I usually exercise again – either swimming, or working out in the company's gym. I snack in the afternoon, usually on fruit.

At 6 pm I leave for home, again on my bike. Sometimes I train when I get home as well; by the time I've done all this it's quite late before I eat my evening meal. Not long after that I'm ready for bed..."

Angela comments:

Just reading about Fraser's day made me feel exhausted! All that exercise may make him extremely fit and healthy but it also increases the body's free radical load. He's also at risk from pollution, so he needs to balance the equation with a lot of dietary antioxidants.

He's doing well by snacking on fruits through the afternoon, but it's easy to get in a rut with bananas and apples. Fruits with orange-flesh such as mangoes, apricots, cantaloupe melon and peaches are much higher in antioxidants and can bolster his immune system against the bugs that so often get passed round a large office.

Fraser's homemade pizza is very healthy. The spinach and broccoli toppings are both rich in carotenoids that mop up free radicals. Spinach in particular provides zeaxanthin that protects eye health – important if you work with computers all day. And tomato puree is rich in a carotenoid called lycopene, which has been linked with lower rates of prostate cancer.

Fraser already takes selenium, but for more protection he should step up his intake of vitamin E which works closely with this nutrient. Adding a handful of pine nuts or sesame seeds to his pizza will help, but even so it will be difficult for him to get an optimum level of vitamin E through diet alone, so a supplement is a good idea. A natural mixed carotenoid supplement will help to maintain eye health and to avoid sun damage. Taking 1000mg of vitamin C after a really heavy training session is also advisable as it cuts the risk of respiratory infections often induced by endurance exercise.

SKIN PROTECTION UPDATE

Recent studies add more credence to the notion that antioxidants protect our skin. In a review of 200 studies, researchers conclude that vitamin A, beta-carotene, vitamin C, and vitamin E "are valuable agents" – sometimes orally, sometimes topically – in preventing photo-ageing of the skin and damage which can lead to skin cancer.⁽¹⁾

In a second study, twelve healthy women were given 24mg of a beta carotene-rich natural carotenoid supplement daily for twelve weeks. A significant increase in the participants' skin beta carotene levels was noted at the end of the

study.⁽²⁾ Leading researcher Professor Hagen Tronnier whose work has been reported in previous editions of Vita Forum commented: "These results lend even more weight to the theory that natural carotenoids can help protect the skin against the harmful effects of the sun".

"My advice to all those planning their next holiday in the sun", added Professor Tronnier, "is to eat a healthy diet including plenty of fresh fruit and vegetables, take a natural carotenoid supplement a few weeks prior to sun exposure, and to combine this with a topical sunblock once in the sun".

References

- (1) Keller KL *Journal of the American Academy of Dermatology*, 1998;39:611-25
(2) Stahl W, Heinrich U, et al., *Journal of Nutrition*

NUTRITIONAL PRESSURE POINTS AT WORK – WHAT YOU CAN DO

Very few people have a lifestyle with as much exercise as Fraser's! But even an 'average' working day can increase your free radical load. Here's why you should think about stepping up your antioxidant intake:

RUSH HOUR FUMES AND POLLUTION. Whether you're driving, taking the tube, walking or cycling, pollution is a major source of free radicals.

STRESS: Stress hormones produce free radicals when they are broken down by the body.

AIR CONDITIONING: Spreads bacteria which can stress your immune system.

SNATCHING THE SUN: Eating a sandwich in the park at lunchtime exposes your skin to free radical-generating UV at the most dangerous part of the day.

OFFICE GRAZING: Snacking throughout the day is fine if you're eating plenty of fruit and vegetables, but not so good if chocolate bars and crisps are the order of the day.

FATIGUE: It doesn't in itself increase your free radical load, but being tired-all-the-time means you are more likely to rely on fast or processed food which is low in vital nutrients including antioxidants.

VDU: Computer screens give out low doses of ionising radiation (which in itself can generate free radicals), and staring at one all day can also increase the requirement of antioxidants needed to keep your eyes healthy.

WHAT YOU CAN DO:

Eat five portions of fruit and vegetables a day: fast options for frazzled people include fruit juice, cartons of fresh soup, sandwiches packed with deep green leaves and red peppers. Eat unsalted nuts, dried apricots and brightly coloured fruit as sustaining snacks.

As a safeguard take an antioxidant supplement that provides mixed carotenoids (alpha carotene, lutein, zeaxanthin etc.), not just beta carotene. Most people can also boost their antioxidant status with the all round protector, natural-source vitamin E.



New Age or Stone Age?

to lose out to processed food in the popularity stakes. Over the last 40 years, this shift has become even more pronounced, with the growth of fast-food restaurants and our increasing dependence on the microwaveable meal.

Leading US health writer, Jack Challem, described these changes in a recent article: "Thousands of generations of people were hunter-gatherers, 500 generations have depended on agriculture, only 10 generations have lived since the start of the industrial age and only two generations have grown up with highly processed fast foods".

Antioxidant intake has almost certainly been a casualty of the long-term shift away from the Stone Age diet. Vitamin E, together with carotenoids such as beta carotene, alpha carotene, lutein and zeaxanthin, are powerful protectors against free radicals. Free radical damage is associated with many 'Western' diseases such as cancer, heart disease and cataracts. Apart from the rare

hunter-gatherer tribes that have survived into the 20th Century, Mediterranean populations probably come closest these days to achieving the fruit and vegetable – and therefore antioxidant – intake of our Stone Age ancestors, and it's no coincidence that many of these 'diseases of civilization' occur less frequently in Southern European countries.

The simple truth is that genetic adaptation has been unable to keep pace with the rapid changes in the human diet over thousands of years, leaving a mismatch between what our bodies continue to need and what they actually get.

As researchers edge closer to completing the jigsaw puzzle of optimum nutrition, Dr. Boyd Eaton believes our evolutionary diet already provides important clues as to the levels of nutrients needed for human health.

References

- "Paleolithic Nutrition: Your Future is in Your Dietary Past", Jack Challem, Nutrition Reporter 1998
- "Stone Age Nutrition: Implications for Today", S Boyd Eaton
- "Stone Agers in the Fast Lane: Chronic Degenerative Diseases in Evolutionary Perspective", Eaton SB, Konner M, Shostak M, Am. J. Med. 1988;84(4):739-749

A snapshot of Britain approaching 'Y2K' might suggest we've never had it so good. As a society, we are, in general, more affluent, better educated and living longer than ever before. But depression, anxiety and insomnia are reportedly also on the increase. It seems the more we have, the greater our expectations and the more we end up disappointed and depressed. It may be that, as psychologist Oliver James recently said: "in Britain, we are incredibly self-destructive".

A similar paradox seems to exist with our physical as well as our mental well-being. Advances in medicine and hygiene have added over 25 years to average life expectancy since the turn of the century, yet while our understanding of the human body has never been greater, we seem to continue to make trouble for ourselves. Today's killer diseases, such as cancer and heart disease, are to some degree stimulated by factors largely within our control: smoking, sunbathing, poor diet, and exposure to pollution, for example.

Perhaps our motto for the Millennium should be: Take the best of the Stone Age and the New Age for a happier, healthier Old Age?

Editor

Prehistoric Diet v Modern Diet

CARBOHYDRATES

Prehistoric Diet: Early humans obtained around half their calories from slow-releasing (low glycaemic index) carbohydrates found in fruit and vegetables.

Modern Diet: Fast-releasing (high glycaemic index) carbohydrates, such as found in grains and potatoes, predominate. Latest research suggests these may satisfy hunger less, and could predispose to diabetes through fluctuations in blood sugar.

FRUIT AND VEGETABLES

Prehistoric Diet: Hunter-gatherers typically ate more than 100 different types of fruit and vegetable over the course of a year, providing more than 100g fibre daily.

Modern Diet: Few people in the UK eat even the recommended five portions, and those who do tend to miss out on the berries and brightly coloured fruits and vegetables rich in flavonoids and carotenoids. Typical fibre intake is only 12g a day.

CHOLESTEROL

Prehistoric Diet: Humans consumed relatively large amounts of cholesterol but low amounts of saturated fat, which is by far the bigger culprit at raising blood cholesterol levels. The saturated fat level of wild animals was generally low compared with today's farmed animals. High levels of exercise also kept cholesterol down.

Modern Diet: Western diets typically contain much higher levels of fat (around 40% of our calories come from this dietary component) and are high in saturates. In Britain, the average daily cholesterol intake is 390mg in men and 290mg in women – enough to elevate blood cholesterol by 5%.

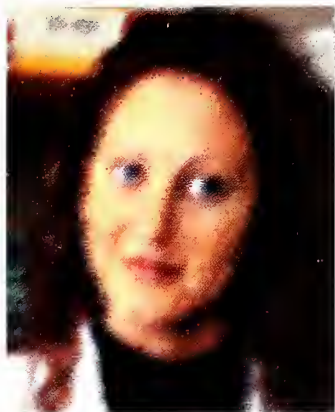
VITAMINS AND MINERALS

Prehistoric Diet: These were present in greater quantities in the Stone Age diet - fruits, vegetables and nuts were generally consumed within hours of being gathered, with little or no processing and often uncooked. Dr. Boyd Eaton believes that Stone Agers would almost certainly have had an intake of most vitamins and minerals that exceeded current RDAs.

Modern Diet: People eat fewer calories and therefore lower levels of vitamins and minerals. Several recent dietary studies have indicated many people, especially women, have vitamin and mineral intakes even below the RDA – for example, vitamin E intake is currently around 8mg and beta carotene around 1-2mg per day – both below optimum levels.

Try testing the water

Primary care pharmacist **Mary Allen** uses a case history as an example of the importance of tests in differential diagnosis



Jim Thomas was an 86-year-old man who was a regular customer in Jill's pharmacy. He usually came in armed with a shopping list, and to pick up his frail wife's prescription medicines. Although he had three-monthly depot injections to keep his prostate cancer in check, he took no other medication, and put his good health down to his daily partridge, three-mile walk, and cod-liver oil capsules.

Over the past couple of years he had lost a bit of weight and had been more susceptible to chest infections, but, on the whole, remained well. Recently his wife had not been very well and had been in and out of hospital, a result of a couple of falls. She had also recently been prescribed antidepressants and temazepam.

The prescription

In January, Mr Thomas came in to collect his Zoladex injection. A week later he presented another prescription. He explained to Jill that he had been feeling a bit breathless lately and that his ankles had been swelling and he'd mentioned this to the doctor while he was having his Zoladex injection. The doctor had prescribed:

Digoxin 62.5mcg daily
Burinex A One daily

What is the likely diagnosis?

Digoxin is a cardiac glycoside used to control

ventricular rate, particularly in atrial fibrillation. It has also been used to improve heart failure, although this is usually better treated with diuretics and an ACE inhibitor. A loading dose is usually necessary as the drug is muscle-bound, and achieving steady state usually takes around seven days. The usual maintenance dose range is 62.5-375mcg daily, according to renal function, body mass index, concomitant drugs and age of patient. Digoxin has a narrow therapeutic margin.

Although perhaps suitable as a maintenance dose, Mr Thomas' initial prescription seems far too low to allow achievement of therapeutic levels.

Burinex A is a combined diuretic (bumetanide 1mg/amiloride 5mg). Bumetanide is a loop diuretic, similar in action to (but more expensive than) frusemide, while amiloride is a potassium-sparing diuretic. Bumetanide can cause hypokalaemia which can be dangerous in heart disease and in those patients taking cardiac glycosides. The combined diuretic should avoid hypokalaemia.

A few days after Mr Thomas' visit to the pharmacy, tragedy struck when a close family member died very unexpectedly. The next time Jill saw Mr Thomas he was looking frail and tired. The bereavement seemed to have affected him badly, along with the stresses and strains of looking after his wife.

Over the next two weeks, Mr Thomas' dose was increased to 62.5mcg BD, then TDS.

Is this appropriate?

Not really! Mr Thomas' GP seems to be trying to achieve therapeutic levels the wrong way round. Although he was taking blood levels to measure plasma digoxin, he was not considering the pharmacokinetics of this drug. Equally, since digoxin has a long half-life, it isn't usually necessary to take the drug in divided doses. By now, Mr Thomas, who was very slim, was running the risk of taking too high a dose.

Tummy bug or side effects

In February, Mr Thomas asked for something for a 'tummy bug'. There was certainly a bug about – customers had been in all week purchasing loperamide and other remedies. Jill, however, was getting worried about Mr Thomas, who said he had had no appetite for over a week now, and felt sick, as well as suffering diarrhoea.

These symptoms could indicate digoxin toxicity. Mr Thomas' dose seemed high for his age and body weight. Jill said she would ask the GP to check Mr Thomas' plasma digoxin levels. She also pointed out gently that the patient information leaflet did mention these side-effects. Mr Thomas laughed and said he couldn't read the leaflet – the print was far too small! (Jill had a look and had to agree that the very small font was of little use to elderly patients.)

However, the GP remained adamant that Mr Thomas had nothing more than the tummy bug, but checked his digoxin and potassium levels. These were found to be satisfactory, and Mr Thomas remained on 187.5mcg digoxin daily.

Going downhill fast

Over the next few weeks, Mr Thomas deteriorated rapidly. He had been very active, but became intransigent and increasingly frail. He continued to lose weight at an alarming rate. It was hard to know how much of this was related to the bereavement and lacking after his sick wife. He had developed a persistent cough. The doctor had prescribed Simple Linctus.

One day, in April, Mr Thomas' niece brought in his prescription while she was visiting. She was a recently retired doctor, and over lunch, she asked her uncle about his various symptoms. Mr Thomas had mentioned his cough, and in fact, after lunch, had started a long bout of coughing which had exhausted him.

She got her stethoscope out and was amazed to find that although one lung was clear, the other was not. She felt that her uncle was

aspirating his food – that somehow food particles were entering his lungs.

She had stayed while he visited the GP who prescribed some amoxycillin, which she was now collecting for her uncle. She had no idea what was causing the aspiration but was concerned in case there were any secondary tumours related to his prostate cancer. She also knew that her uncle tended to eat quickly, so both she and the GP had talked to him about eating slowly and swallowing carefully.

Early in May, Mr Thomas collapsed in his garden and was unable to get up. The GP was called on, although he felt that Mr Thomas hadn't had a stroke or a heart attack, he was very concerned about his profound weakness. Mr Thomas was taken to hospital for observation. A scan ruled out the possibility of prostate secondary tumours. He was found to be tachycardic, very anxious, had a raised temperature and continued to be profoundly weak.

The hospital ran a battery of tests to establish the cause of Mr Thomas' symptoms. His thyroid function tests showed his Free Serum Thyroxine levels to be 80 pmol/litre (normal levels are around 20pmol/litre). He was found to be suffering from 'thyroid storm', a rare but critical condition. With this, everything fell into place:

- Mr Thomas had probably been suffering from an over-active thyroid for some time. This could explain his weight loss over the previous couple of years
- the stresses and strains of his wife's illness could have exacerbated his condition, triggering off his cardiac symptoms in early January (breathlessness and palpitations are symptomatic)
- the sudden bereavement had clearly been very stressful. This could have precipitated the worsening of his condition, leading to thyrotoxicosis
- thyrotoxicosis would explain Mr Thomas' need for a higher than expected dose of digoxin
- it would also explain the symptoms that had concerned Jill as possible side-effects of digoxin – nausea, diarrhoea, together with his swallowing difficulties (due to muscle weakness) and profound weakness (the latter two are both symptomatic of thyrotoxicosis).

Text books recommend that patients, particularly the elderly, presenting with unexplained AF should have thyroid function tests to eliminate hyperthyroidism.

Sadly, this had not happened in Mr Thomas' case. Once diagnosed, his thyroid condition was successfully controlled over a period of months with carbimazole 45mg daily, and his digoxin dose subsequently reduced to 125mcg daily.



Amanda Dale, a 43-year-old mother and psychiatric nurse from Watford, tells her PMS story

Premenstrual syndrome

My premenstrual syndrome was so severe that I even threatened my husband with a bread knife once because he brought home the wrong meal!

I started suffering from premenstrual syndrome in my 30s. Before that I used to get a bit of stomach ache and breast pain and some days I'd feel clumsy, but it was all on a smaller scale. The older I got the worse it got until I realised it was a whole syndrome.

You don't necessarily know that you've got it because you don't know anyone else who has got it. You have an idea of what your body's up to. I knew it wasn't simply depression or anxiety as it was more physical than that. I decided it must be hormonal.

I used to get PMS about a week before my period. I could tell it was starting because I got more irritable like you do when you haven't slept very well. Then I'd start screaming and getting paranoid, thinking people were looking at me. Everything was magnified out of all proportion. It's very frightening if you're at the receiving end.

I felt only ten days out of each month were 'normal' – the rest of the time I felt wretched. My symptoms of every kind were severe – my breasts were sometimes so sore that I had to take time off work. I also got abdominal cramp and headaches.

My moods were badly affected; I was irritable, tense, anxious and aggressive. I also got cognitive impairment too. Someone would ask my name and I couldn't think of it. I kept a daily journal to help me keep track of my PMS, but some days I couldn't string a sentence together. It was very debilitating altogether.

I also suffered extreme tiredness. I'd be out shopping with my husband and I'd start screaming to go home. Then I'd sleep a very deep sleep, although this rarely made a great deal of difference. It was like a post-viral syndrome.

I also got weird cravings for food. I'd eat an A4 size block of chocolate even though it made me feel sick. I could eat a family size tub of ice cream in one go. I started to put on weight.

My confidence was also affected by the dreadful state of the skin on my face; it was leathery, sore and dry, and often bled if I scratched it – no amount of creams helped.

PMS was taking over my life.

I approached my doctor on a number of occasions, but to no avail. He suggested I might be

suffering depression or just that I was overwrought, but I knew this wasn't the reason for me feeling the way I did.

He finally sent me to an HRT and menopause clinic. I was put on an oral contraceptive, but it gave me the heaviest of bleeding and I ended up anaemic. They realised my problem was hormonal and put me on oestradiol 1mg but, because I was having normal periods anyway, my blood hormone levels started to really fluctuate so they knocked that on the head.

My pharmacist was really helpful and took a genuine interest as he had been getting my prescriptions for hormones. I tried evening primrose oil and stonflower oil supplements, which didn't make any significant difference.

When I read about a magnesium-based vitamin and mineral supplement in a newspaper, I decided to give it a try. Within days my skin felt safer. This continued to improve and within a month of taking it nearly all my symptoms had significantly improved or completely vanished! I know it was the supplement which was helping because when I forgot to take it for a while, the rash reappeared, and then quickly disappeared again when I resumed the course.

I no longer have to try to cram my life into ten days of the month.

RESOURCES



Premenstrual Society. PO Box 429, Addlestone, Surrey KT15 1DZ. Admin tel: 01932 872560.

PMS Help. PO Box 83, Hereford HR4 8YB. Admin tel: 01432 760993.

National Association for Premenstrual Syndrome. PO Box 72, Sevenoaks, Kent TN13 1XQ. Helpline 01732 741709. Well Being. 27 Sussex Place, Regents Park, London NW1 4SP. Admin tel: 0171 262 5337.

I feel so much now. When I had PMS, I used to avoid company because I always ended up being rude to people.

Once my PMS was under control I started to change my diet. I eat a lot of pasta and starchy food, which helps control my sugar levels.

It's the most awful thing, like living under a cloud. My advice to anyone suffering from PMS is to try to contact a self-help organisation. Don't be frightened as other people have had this too. I get grumpy when people make jokes, because I know they're being flippant. It's a lot more severe than snapping at someone on the phone.

PHARMACY *update* distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the July 10 issue,

which will cover this week's CPP-accredited modules, together with those in the June 5 issue.

In other words:

- Functional foods (1128)
- Our Healthier Nation – (1129)
- Addiction I (1130).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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Campylobacter on the rise



Campylobacter infection is on the rise and is taking over from salmonella as the new food poisoning villain.

Although the battle against salmonella seems to be waning, campylobacter remains little recognised. A forthcoming £2.5 million Government report estimates that for every case of campylobacter reported, eight go unreported, while this figure is only three for salmonella.

Campylobacter cases have almost doubled during the 1990s with almost 60,000 reported cases

a year. Salmonella cases have declined by almost a third over the past year.

The Food and Drink Federation highlighted other startling statistics during National Food Safety Week (June 7-13):

- around 1.5m people report stomach upset to their GP each year
- the average cost of a single case of stomach ache is £79, rising to £250 if the victim visits the doctor. The average cost for Salmonella poisoning is £606
- the total cost to the NHS is estimated to be just under £1 billion

● in 1994, almost a third of appendicitis cases were due to food poisoning.

The Federation is focusing its campaign this year on tackling cross-contamination. A web site has also been launched (www.foodlink.org.uk) aimed at highlighting food safety to young people. Food safety minister, Jeff Raker, said: "Cross contamination has been implicated in a significant proportion of food poisoning outbreaks. It is vital to avoid cross-contamination, particularly between raw and ready-to-eat foods."

Pharmacists failing psoriasis patients

Pharmacists are failing to provide psoriasis sufferers with adequate information about their treatments, reveals a new survey from the Psoriasis Association.

Around half the sample did not feel they were getting enough information from their pharmacists and only 14 per cent said they were open about their condition to them, compared with 57 per cent who were open with their GP.

The results show pharmacy to be an under-utilised source of advice and the Psoriasis Association is now appealing to pharmacists to be more proactive with advice for psoriasis sufferers.

Linda Henley, chief executive of the Association, said pharmacists need to ensure their patients know that effective treatment is available from the doctor and that those with prescriptions are thoroughly counselled.

The survey was launched to coincide with Psoriasis Awareness Week (June 13-19). Patient leaflets and supporting material have been produced by the Association and can be obtained by telephoning 01604 711129.

DTB sees 'few grounds for recommending raloxifene'

The *Drug & Therapeutics Bulletin* has found few grounds for recommending raloxifene, given its cost, limited supporting data and restricted use.

The DTB found no long-term studies comparing raloxifene with standard hormone replacement therapy or with bisphosphonates; long-term effects on breast cancer were also unknown.

Unlike HRT, raloxifene cannot be used before the menopause and is not suitable for the treatment of climacteric symptoms such as hot flushes. The cost was also higher than conventional treatments.

However, the authors recognised that raloxifene gave women an alternative choice to standard HRT, particularly to those wanting to avoid breast pain and periods.

Asthmatics ignorant of OTC drug dangers

Asthma patients are putting themselves at risk by taking contra-indicated over the counter medication, according to a working group of GPs.

The Asthma Management in General Practice (AMGP) found that 45 per cent of the 700 asthma sufferers surveyed were unaware

that non-steroidal anti-inflammatory drugs, bought OTC for simple aches and pains, could exacerbate their symptoms. Of those who were aware of the contra-indication, only 14 per cent of them had heard it from the pharmacist, compared to 31 per cent who had received the advice from the GP.

Dr Price from the AMGP working party said: "As asthma is on the increase, including the number of people who die through asthma attacks, it is essential that sufferers be educated about the types of pain-relievers which may trigger their condition. This may include advising them to use paracetamol as first-line pain relief."

Lung cancer breathalyser a possibility, according to research in UK and US

A breathalyser to detect lung cancer has been tested successfully by UK and US researchers and may prove to be a useful screening tool for the future.

The early report published in *The Lancet* (353: 9168 p1930-33) looked at volatile organic compounds (VOCs), mainly alkanes and benzene derivatives,

that have been identified in breath from patients with lung cancer. They tried to determine whether there were any combinations of these VOCs that could identify such patients.

Breath samples were collected from 108 patients with abnormal radiographs who were awaiting further investigation with bronchoscopy. The samples were

assayed by gas chromatography and mass spectrometry. The difference between the amount of VOCs in the breath sample and control air sample was also calculated. VOCs between patients with and without lung cancer were then determined.

Lung cancer was confirmed histologically in 60 patients. A combination of 22 breath VOCs

distinguished between those with and without the disease. There were no differences in sensitivity and specificity of breath VOCs between early and late stage disease.

Prospective studies are needed to confirm the usefulness of the breathalyser in detecting lung cancer in the general population.

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No hoarding for the millennium

Most pharmacists appear ready to heed manufacturers' and wholesalers' advice not to hoard stocks at the end of this year. **Guy L'Aimable** reports

Many pharmacists do not plan to hoard huge amounts of stock over the millennium period, according to C&D's business trends survey for January to March 1999.

Seventy-three per cent of independents, and nearly half of multiple branches, say their wholesale orders will be placed as normal during the period.

The news should please pharmaceutical wholesalers and manufacturers, who have been urging pharmacists not to panic amid some scaremongering articles in the press.

One-fifth of multiple branches plan to stock up on most medicines, while another 20 per cent will order extra supplies of essential medicines.

As for products already in-store, pharmacists are gradually appreciating the benefits of category management. A fifth of independents and a quarter of multiples use

planograms/category management for all their major product lines.

Twenty-four per cent of independents and 39 per cent of multiples have adopted this approach for at least half of their product categories; and nearly one-fifth of all types of pharmacies say they plan to use planograms in future.

Just under a third of independents, however, stubbornly refuse to use category management/planograms.

Pharmacists also realise they need to be recognised as healthcare advisers and are therefore offering a wider range of healthcare services. Most respondents provide pregnancy tests, half offer blood glucose tests, nearly one-third offer fertility/ovulation and blood pressure tests. One-fifth of the panel have weight-measuring machines; and just under a fifth have cardiac/heart rate and cholesterol monitors.

Pharmacists obviously value the opportunity to talk to customers - around 70 per cent spend 11-50 per cent of their time dealing with them. And 16 per cent spend more than 76 per cent of their time doing so.

Not surprisingly, independent pharmacists can afford to spend a little more time with their customers, instead of delegating to their counter staff. While more than one-third of pharmacists give advice to 26-50 per cent of their customers; 17 per cent of independents give advice to 51-75 per cent of customers, compared with 11 per cent of multiple pharmacists.

And 12 per cent of independents advise more than 76 per cent of their customers, compared with 5 per cent of those in multiples.

Meanwhile, pharmacists have latched on to the educational potential of the internet far more than other people. Fifty-five per cent of

**Chemist & Druggist
Quarterly Business
Trends Survey in
association with**



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them have access to the internet at home, rising to 64 per cent for pharmacists in south-east England (including east Anglia). Forty-four per cent of independents also have the internet in their pharmacy, as do 27 per cent of those in multiples.

In contrast, one estimate suggests that only 18 per cent of UK households have access to the internet.

Just over 60 per cent of pharmacists say they would use the internet for continuing education and for reference purposes. Fifty-two per cent would use it to keep abreast of current affairs, such as the news digest in C&D's **dotpharmacy** site. Just under one-quarter would review wholesalers' orders/accounts, and order stock from wholesalers.

Meanwhile, a large minority of pharmacists - 42 per cent - would be encouraged to attend the British Pharmaceutical Conference if it was held over a weekend.

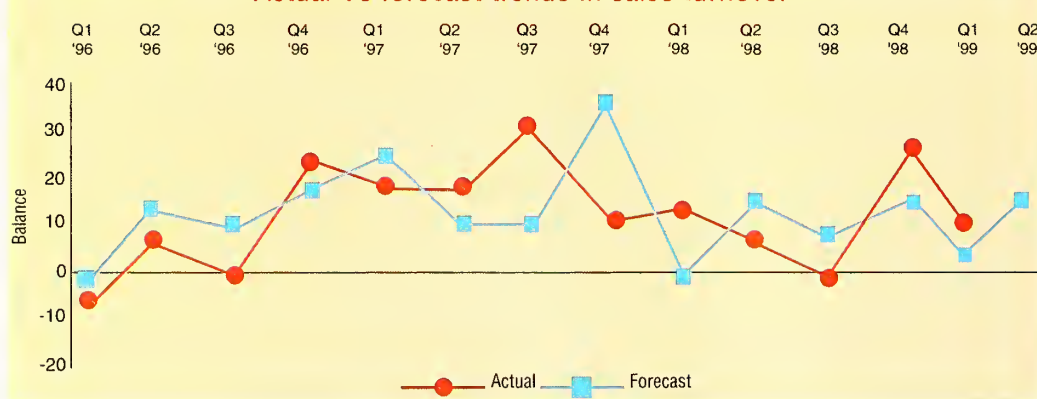
And 28 per cent would consider attending if the BPC was running in conjunction with a major trade show. Just over one-quarter say the conference would be more attractive if it was more educational - for example, if it gave delegates the chance to earn Continuing Professional Development credits.

One-fifth say organisers should reduce the BPC's registration costs to attract more delegates.

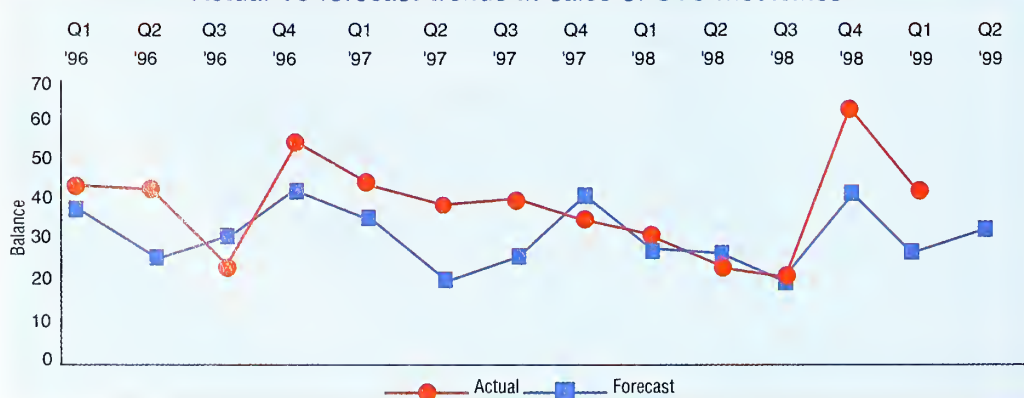
Pharmacists' sales, excluding NHS prescriptions, were mixed. While 38 per cent saw higher sales compared with the same quarter last year, 21 per cent experienced a drop - 38 per cent saw no change.

Pharmacists are more optimistic about their sales levels during spring - only 15 per cent expect a fall, while 38 per cent forecast an increase in sales and 43 per cent say they will remain unchanged.

Actual Vs forecast trends in sales turnover



Actual Vs forecast trends in sales of OTC medicines



NHS prescriptions remain buoyant. Fifty-six per cent of the panel say the volume of prescriptions rose, rising to 70 per cent for those based in the Midlands, and 29 per cent saw no change.

Forty-six per cent of respondents believe NHS prescriptions will rise in the next quarter, while 41 per cent say the level will remain unchanged.

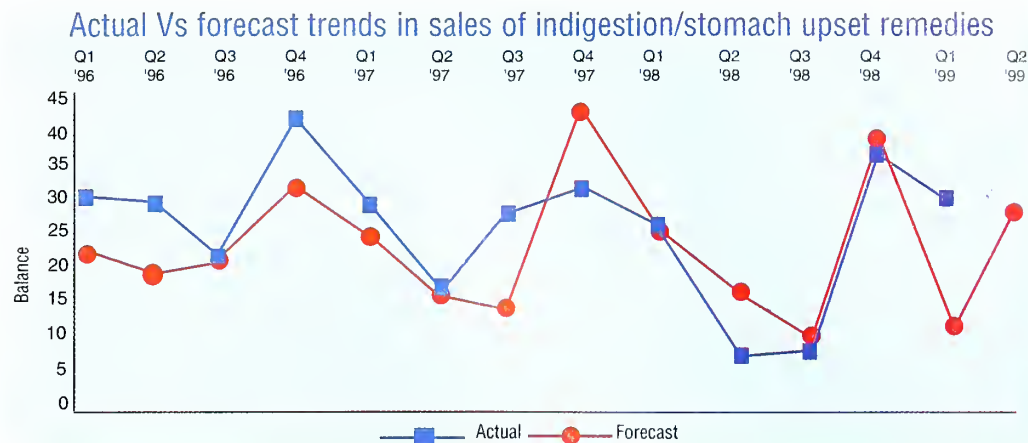
OTCs remain one of the pharmacists' strongest product categories: 52 per cent report higher sales and 40 per cent say the sales have remained steady. Forty-three per cent of the panel expect another rise in the next quarter, while 49 per cent expect no change.

The bigger the outlet, the better its OTC performance - 23 per cent of the smallest outlets, whose annual turnover is below £350,000, increased their OTC sales. But an impressive 80 per cent of the largest pharmacies, whose turnover exceeds £1 million, saw an increase.

Analgesics also remain good performers: 90 per cent of the panel say their sales were either steady or had risen. Just over one-third expect a rise in the next quarter, and 57 per cent expect no change.

One-third of the panel increased their indigestion/stomach upset sales and only 7 per cent reported a drop. Just under one third forecast higher sales again in the next quarter.

Thirty-seven per cent of independents increased their sales in



this category, compared with 27 per cent of multiples.

Vitamins' results were mixed - although 38 per cent of respondents increased their sales, 21 per cent suffered a drop. Pharmacists in north-west England fared best: only 11 per cent report a drop, compared with 32 per cent of those in north-east England and Yorkshire.

The outlook seems a little brighter. Thirty per cent of the panel expect higher sales in the next quarter, and 16 per cent forecast a drop.

Not surprisingly, photoprocessing also performed erratically as business sank back to normal after the peak Christmas period. Thirty-one per cent of pharmacists report more activity in this field and 23 per cent say it fell.

Toiletry sales were good news for some, bad for others. Just over one-quarter report higher sales and 23 per cent expect another rise in the next quarter. Half of the pharmacists say sales were steady, although 21 per cent experienced a drop.

As for the traditional product black spots: only 18 per cent of the panel saw higher baby care sales, whereas 28 per cent experienced a fall. Nearly one-third of pharmacists saw lower cosmetic sales, while only 17 per cent enjoyed a rise. Twenty-five per cent, however, expect higher cosmetic sales in the next quarter.

Half of respondents say their fragrance sales fell and 42 per cent forecast another drop in the next quarter. The Midlands, where 74 per cent of the panel saw lower sales, was the worst hit region.

Retail margins remain equally gloomy: 52 per cent of respondents report a fall and 46 per cent expect another drop in the next quarter. North-east England/Yorkshire was one of the worst affected areas - 79 per cent of respondents there suffered lower margins, no-one enjoyed an increase.

Meanwhile, just over half of the panel held more stock than they did during the same period last year, and 40 per cent expect another increase in the next quarter.

As many economic forecasters

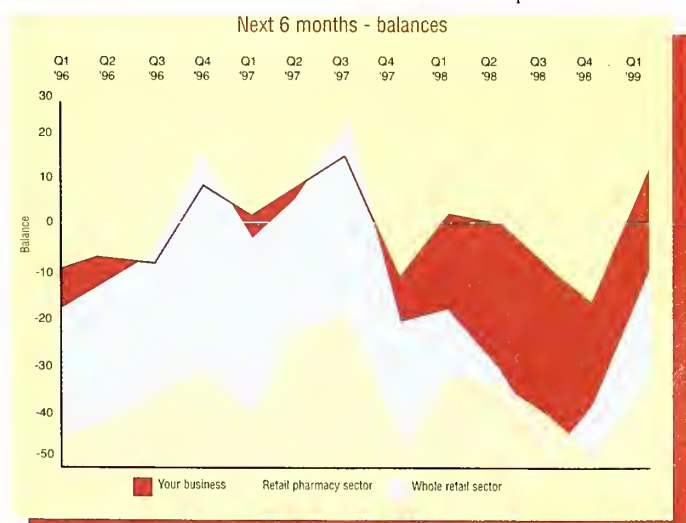
suggest the UK will just manage to avoid a recession, one-third of the panel feel more optimistic about their business prospects over the next 12 months, while 25 per cent are more pessimistic. In contrast, 45 per cent feel more pessimistic about the prospects of retail pharmacy - only 10 per cent are optimistic.

Pharmacists feel the overall retail sector is on stronger ground: around half say it will remain unchanged over the next 12 months, 18 per cent are more optimistic about its prospects, and 25 per cent more pessimistic.

Although 23 per cent of the panel had been approached to sell their pharmacies, 66 per cent of these rejected the offers, although 25 per cent were still considering them.

● Questionnaires were sent out to 500 members of the C&D retail business panel, of which 141 replied

● Sixty-seven per cent were independents and the rest multiples. Sixteen per cent were pharmacists with a turnover of less than £350,000; 30 per cent had turnovers of £350,001-£500,000; 42 per cent had £500,001-£999,999; 6 per cent had more than £1 million; 1 per cent exceeded £2 million and 5 per cent did not state their turnover.



On balance, pharmacists are more optimistic about their business prospects



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'Self-care – a vital element of health policy in the information age' was the theme of the joint assembly of the World Self-Medication Industry and Association of the European Self-Medication Industry held in Berlin last week

Access to information

World Self-Medication Industry chairman Anthony Jamison has called on all healthcare

stakeholders to adapt to meet the rapid changes taking place in this information age.

Greater access is needed so that the public can be better informed and can take more responsibility for treating themselves. In particular, the WSMI is looking for governments to allow the OTC medicine industry to provide an appropriate and effective consumer information system that will allow appropriate communication of product information.



Anthony Jamison

Detailing the eight principles that form the basis of WSMI's new publication 'Guiding Principles in Self-

medication' (*C&D* June 12, p28), Mr Jamison said people wanted to exercise greater judgement in informed and responsible self-medication. "Our federation will continue to lobby for the removal of obstacles which prevent individuals from realising their full potential in terms of self-care. Within the EU, efforts must be intensified to harmonise the regulatory environment for OTC medicines – free circulation of OTCs is long overdue."

Mr Jamison argued that one of the most effective ways for government to encourage the ever-increasing trend of consumers towards greater independence in healthcare "is to allow the OTC industry to provide an

appropriate and effective consumer information system whereby product information is communicated in an appropriate manner.

"The only cost-effective way to communicate this to a wide audience is through mass-media advertising. To be effective it must be simple, and to be efficient, it needs to be memorable. "It is thus entirely inappropriate to include in media advertising the detailed product information the consumer nevertheless requires." To do so would lead to confusion. "Instead, we advocate including in all media advertising the instructions to read the label and, where appropriate, to seek the advice of a health professional."

WHO supports role of self-medication



Dr Gro Harlem Brundtland (left) with a delegate

World Health Organization director general Dr Gro Harlem Brundtland has indicated her support for OTC manufacturers to be involved in her quest to reduce the amount of ill-health and death caused by smoking.

"We need a broad alliance against tobacco, calling a wide range of partners to halt the relentless increase in global tobacco consumption," she said. "The WSMI has an important role to play. Cessation is hard. But there are products available which can help combat nicotine addiction."

This idea of partnership in the fight against tobacco was a specific exam-

ple of the call for closer working that was the thrust of Dr Brundtland's speech. "Information for the citizen – more importantly the informed citizen – is essential for health promotion and development," she said. "We need to work on communication, information and education. In helping our citizens to have the knowledge required to make informed decisions about their own health, we need to know each other better. The self-medication industry is part of this outreach."

Bangemann's final call for single OTC market

Outgoing European commissioner, Martin Bangemann, addressing the AESGP for the last time, took the opportunity to remind the member states that single market barriers still exist in the EU.

"Price controls must be loosened and eliminated," he said, arguing that although price control may have led to prices being low, they could be even lower in the EU if market mechanisms are allowed in.

Another fact of life that should not be ignored is the existence of e-commerce. "It's absolutely clear that the triumphal march of technology cannot be prevented. We cannot build a fence against it," he warned. As such, certain rules and regulations can be put in

place, such as preventing sales of prescription medicines via the internet, but this will not be satisfactory. In addition, differences in approach by individual member states could affect supply and distribution channels for drugs. If one country makes a distribution method legal, there would be little a neighbouring country could do to prevent the process taking place.

There are also many advantages for patients to be able to use the internet, such as being invoiced more quickly or having access to a lot of information. And he raised the question of how a pharmacist providing electronic advice for a mail order company might differ from that of the classical pharmacist approach.



Martin Bangemann

Doctors want the truth which will not mislead

A call for all information concerning self-medication products to be truthful and not misleading was made by several speakers.

Dr Anders Milton, chairman of the World Medical Association, asked the self-medication industry to make sure that it was not just the consumers that were informed about such medicines, but also the medical profession, as this would help reduce the risk of too many promises being given about the effects of the medication. "The medical profession can see through the hype that sometimes is too abundant in non-prescription advertising," he said. "Patients must be given the chance to come to a correct decision through information that is accurate, appropriate and truthful."

Picking up on the points made by Dr Milton, Dr Nadine Gasman, editor of the '1999 WHO World Drug Situation', said that the information consumers receive through the media shapes their beliefs and understanding.

When people suffer some of the symptoms they hear about on radio or television, they act and use this information by going to a shop or pharmacy to ask about the advertised prod-

Continued on P26 →



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→ Continued from P24

uct. "This is one of the reasons it is so important that media gives accurate and useful messages and that medicines have information that allows consumers to make good decisions for their health and economy."

Just as important as the content of the information is the way it is presented. "Information has to be written in a way and in a language that is understandable and appropriate to each culture, level of education and readability of the potential users."

Being better informed improves self-worth

Dr Frank-Joachim Morich, president of Bayer Consumer Care, endorsed the conference view that patient information is an important part of self-care.

"Being better informed goes hand in hand with an increased feeling of self-worth and a need to be free to make one's own decisions." In relation to healthcare this means that patients are becoming used to participating in the decision making process and making their own decisions about which healthcare products to use. Also, patients are correspondingly willing to take responsibility for themselves and to keep a check on themselves.

Setting out his main requests, Dr Morich called for a broader range of indications to be allowed in the OTC discussions, particularly for primary prevention. He also wants the new European Commission to look at the current advertising restrictions which are "antiquated, outdated and no longer workable" and to create new freedoms. "The individual has a right to truthful information and the pharmaceutical manufacturers have a duty to provide that information. It is about time the freedom of manufacturers to inform patients on the basis of confirmed scientific findings was restored."

Consumers need to be able to see OTCs

President of SmithKline Beecham Healthcare, Jack Ziegler, called for greater visibility and consumer access to OTC products.

"In pharmacies, product placement behind the counter may make sense for prescription products, but, for non-prescription medicines that are virtually OTCs, it does not make sense. Why should OTCs be behind the counter, when in-front labelling can educate and inform consumer choice?" he asked. "Greater self-access translates into greater self-medication, which translates into less prescription medicine."

Another area that needs more

European-wide adoption is the Mutual Recognition Procedure. "The key issue is whether we can achieve this before it is too late. We need European governments to act now, to relax the regulatory straight-jacket." Otherwise, "Europe's health systems will limp on through the 21st century, and our industry will limp on with them".

Doctors' time needs to be freed up to concentrate on serious illness. "Consumers need to be made aware of their own responsibility: to use scarce healthcare resources effectively. They can do this by taking a personal role in the treatment of common illnesses."

As such, the OTC industry needs to speak to its partners as a matter of urgency, to communicate the benefits of wider self-medication. "At the same time, we must listen carefully to its thoughts and concerns," he said. "We must, at all costs, avoid confrontation."

Don't ignore the consumer views

A broadside was fired across the bows of pharmacy and industry by Janne Graham, chairperson of the Consumers' Health Forum of Australia.

Giving an overview of preceding presentations, Ms Graham said that one of the "take home messages" was that government costs need to be constrained. "For self-care read self-pay," she said, warning that the burden may

be put on those consumers who can least afford to pay for self-care. And when it comes to developing policies, "there is a tendency to ignore the consumer view as being ideological. But developing policy in isolation of other stakeholders just does not work".

"I have not heard consumers express the need for ten products with one formulation, yet it would seem that a lot of 'research' is directed at that and promotional money is expended in such products to the health benefit of not one additional person."

Assembly views

One of the conference sessions took the form of a panel discussion on various statements and an audience vote on each statement.

The assembly was divided over the statement, 'The informed consumer will threaten the traditional consulting roles of doctors and pharmacists'.

Peter Kielgast, president of the International Pharmaceutical Federation (FIP), said that the pharmacist's role has already changed and pharmacists have already lost the monopoly on drugs. As such, the best players will be those who focus on what additional value they can give their customers. "For pharmacists, this will be when we see ourselves as having health stores."

Dr Delon Human, secretary general of the World Medical Association, said that doctors welcomed the change as they want to empower their patients. In self-medication, patients may not have the ability to make an informed choice, so the doctor/patient role will be strengthened.

Luk Hertren, president of the OTC section of Belgium's Association Générale de l'Industrie du Médicament (AGIM), admitted that the industry may have come to this a little bit late. "It's only in the past decade that we have seen the user of our products as someone we have to communicate with."

A majority agreed with the view that pharmacists need to increase patient access to OTC products, such

as by letting them read and touch the packages themselves.

Mr Kielgast said pharmacists wanted products to be more visible in the pharmacy, but in many countries, legal barriers prevented this. However, he does not want pharmacists' professional integrity challenged and "we do not want to promote excess medication".

Dr Alessandro Banchi, president of Assoluto in Italy, warned that there may not be added value in pharmacies. "There is always the idea that if the consumer has access to drugs, the pharmacist will lose some control." But the issue is about complementary information. How it is presented can be tremendously helpful, he said.

Saying that pharmacy in Australia is one of the most protected industries, Ms Graham bemoaned the fact that although pharmacists may be available, they were not visible.

The view that labels, packaging inserts, leaflet education campaigns etc are better than advertising campaigns as a means of conveying information about correct use of medicines again had strong majority agreeing.

Patrick Deboyser, head of the EC's pharmaceutical and cosmetics unit, said although advertising campaigns may look well done, it is the package insert and information, not advertising, that works.

Dr Kielgast said he thought that although labelling may be put in lay language meant to be easy to understand, health professionals would still be needed to help patients interpret it.

Make sure consumers get what they want



Incoming WSMI chairman Akira Uehara (above) argued that placing the viewpoint of the consumer as the basis of the OTC industry activities would lead to the development of a healthy OTC market truly supported by consumers.

"It is essential to fulfil the three rights that the consumers demand, in the promotion of self-medication: the right to know, the right to protect oneself, and the right to select," he said. "We have to develop OTC products that the consumers truly wish to have, and deliver clear and easy to understand information so that they can correctly use the products based on their own judgements."

The next AESGP annual meeting, the 36th, will take place in Helsinki from May 17-20, 2000. The WSMI's 14th general assembly will meet in Tokyo from November 13-15, 2002.



Janne Graham in conversation with Peter Kielgast



Industry faces three key challenges, said Dagmar Roth-Behrendt MEP: the introduction of the Euro, increased cost of healthcare systems and new distribution methods in the health services. "We still lack major agreement on health policy," she said, adding that it will be important to set up a more transparent process for switching products from POM to OTC status. "I welcome the round table process on a single market for OTCs," she said. "As part of this, I suggest that the Commission should tackle government price fixing"

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* Source: Counterpoint August-September 1998

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The recession that never was

The economy is showing all the signs that there will be a robust recovery to come in the months ahead. Less than three months ago, forecasters and analysts were expecting it to falter under the burden of a strong currency and the high interest rates of much of last year. But, thanks largely to continuing strong growth in the US, the recession never came. Instead, the UK economy has enjoyed a 'soft landing' for the first time in 30 years.

The latest economic forecast from the Confederation of British Industry, which predicts a pick-up in the second half of the year, points to average growth of 0.8 per cent this year and 2.1 per cent in 2000 – both upward revisions to the forecast published three months ago.

But if consumer spending increased by only 1.1 per cent in the first quarter of 1999, this was the fastest rate of growth since 1997, and was 2.2 per cent higher than at the same time last year. And there are growing indications of a further increase in consumer confidence.

The CBI now expects that household consumption will rise by

an average 1.7 per cent in 1999, and by 2.1 per cent next year, both up on forecasts made last quarter.

Total retail sales volume grew at an annual rate of 1.6 per cent in April, compared with 2 per cent in March, with most of the fall coming from lower food store sales. But the Office for National Statistics points out that the timing of Easter makes direct comparisons difficult, and calculates that the underlying rate of growth has improved since the start of the year. Sales of pharmaceuticals and toiletries increased in value by 5.9 per cent in the year to March. But remove the effect of inflation, and volumes were probably growing at an annual rate of about 3 per cent.

CBI Business survey results confirm that retail sales in the three months to April were starting to edge up, although the strong performance by chemists during March wasn't maintained in April. Sales of perfumery in April were "disappointing overall", according to the British Retail Consortium, while cosmetics saw a mixed performance but "healthcare recorded reasonable growth".

The Credit Card Research Group

says April saw record spending with plastic, 15.3 per cent higher than in the same month last year, and 5.8 per cent up on March. Total consumer credit increased by 13.2 per cent in the year to March.

The latest forecast on consumer price inflation from the CBI is that it will hit the 1.1 per cent rate this year (compared with 3 per cent in 1998) but rise to 2.3 per cent in 2000. Retail prices of chemists' goods overall, as measured by the Office for National Statistics, are currently rising at an annual rate of 5.6 per cent, while factory gate prices for pharmaceuticals are rising by 4.4 per cent, and perfumes and toiletries are up by 2.5 per cent.

But the cloud in an otherwise

bright outlook is that sterling remains stubbornly strong and is continuing to be a drag on manufacturing. This explains why the Bank of England cut the official interest rate last week by 0.25 per cent to 5 per cent – the lowest level for nearly 22 years.

However, manufacturing news isn't all bad. Certainly factory output was down by 1.2 per cent during the three months to March, compared with the same time a year ago, although output of pharmaceuticals improved by 1.9 per cent, and perfumes and toiletries production was up 5.6 per cent.

The evidence of the latest CBI survey is that total factory output will increase over the next four months – reflecting a gradual strengthening of domestic orders – and export orders are "slightly less weak" than they have been over the past couple of months.

Latest	% change on previous period	% change on previous 3 periods	% change on year
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PRICES AND COSTS

Retail prices (Apr 1987 = 100)

All items	Apr	0.7	1.1	2.4
Chemists' goods	Apr	0.6	0.6	5.6

Producer prices (1990 = 100)

Manufacturing industry, excl food	Apr	-0.1	0.0	-0.6
Chemical industry	Apr	0.1	0.0	-2.7
Pharmaceuticals	Apr	0.0	0.0	4.4
Perfumes & toilet preps	Apr	0.0	1.0	2.5
Lip & eye make-up preparations	Apr	0.0	2.4	3.2
Dental & oral hygiene preps	Apr	0.0	4.3	4.5
Shaving preps, deodorants	Apr	0.0	-1.0	0.6
Adhesive dressings	Apr	-0.2	-1.1	4.1

Average earnings (Apr 1990 = 100)

Whole economy	Mar	0.4	1.8	4.8
Chemicals, chemical products	Mar	-0.1	1.0	5.9

OUTPUT (1990 = 100)

Chemicals, man-made fibres	Q1	-1.6	-1.7	-0.3
Pharmaceutical products	Q1	-6.1	-2.0	1.9
Perfumes, cosmetics, toiletries	Q1	-6.2	0.0	5.6

SALES

Consumer expenditure (current prices)

Total, £bn	Q1	1.1	0.9	2.2
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Retail sales (value, 1990 = 100)

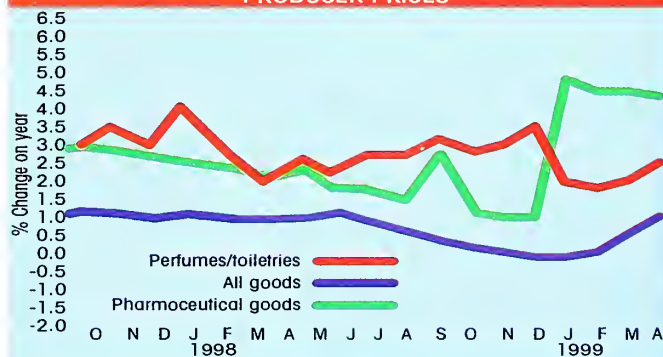
All retail businesses	Apr	-0.4	3.3	0.6
Chemists	Mar	0.9	-30.5	5.9

OTHER BUSINESS INDICATORS

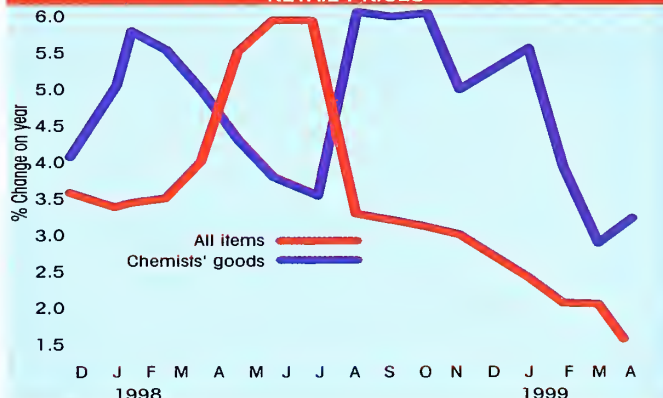
Consumer credit: gross lending (£m)	Mar	6.2	7.6	13.2
Unfilled vacancies ('000)	Apr	-2.3	-3.0	3.1
Claimant unemployment (%)	Apr	-1.3	-1.2	-5.3

Sources: Central Statistical Office, Department of Employment

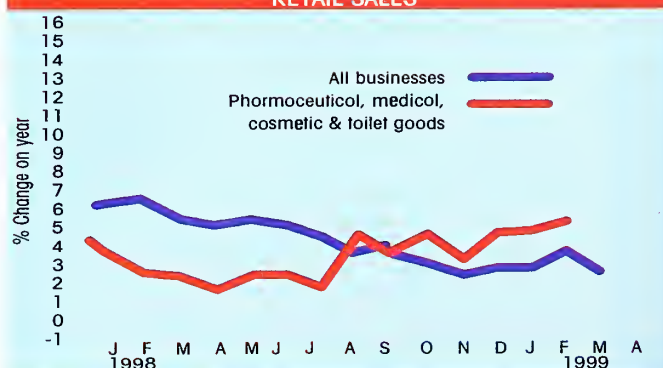
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AAH sales force merges with Enterprise/Trident teams

AAH Pharmaceuticals' sales force has been merged with those of Enterprise and Trident.

Enterprise is an AAH subsidiary dealing with OTCs and beauty products. Trident is a division of Enterprise that concentrates on generics and parallel imports.

AAH said its decision followed the appointment of Jeff Poole as group sales director - Mr Poole retains his former role as managing director of Enterprise/Trident.

The 139-strong sales force will be divided into four teams, each of which will concentrate on one area: generics, ethical, OTC or retailing.

All members of the sales force, including Trident's Promocall telesales team, attended a two-day sales conference in Staffordshire last weekend. Steve Dunn, AAH's md, outlined the new sales rationale and co-ordination plans, while Mr Poole explained each team's role and objectives.

AAH's sales team is headed by Carl Attewell, AAH's national sales manager; Trident's team is led by Simon Shakespeare, the division's national sales manager; and Enterprise is led by Joe McKenna, its national sales manager.

Mr Poole said: "We want to co-ordinate the three areas of our business, creating a better synergy and strengthening our objective to provide our customers with the most comprehensive service in the industry."

Meanwhile, AAH has appointed a team of nine merchandisers to support Vantage Refresh pharmacies.

The merchandisers, on trial for

three months, will visit refreshed stores across the UK to help increase their sales and profits in selected product categories. These include fempro and cough and cold, although the team will initially concentrate on vitamins and minerals.

AAH said the new team follows its partnership with selected manufacturers, who became 'category captains' to drive the use of category management among their core products. The wholesaler's category management team works closely with these suppliers to carry out a category review, and the outcome is merchandised by the new team.

Mr Dunn said AAH had refined its category management service. "Pharmacists will now deal with only one contact [merchandising team member] as opposed to many different suppliers depending on the product category. These new appointments ensure merchandising is given the attention it deserves and answers our customers' requirements for one-to-one support," he said.

Each merchandiser will focus on a different region so that they can understand their assigned Vantage pharmacies better, as well as the local demographics, and consumers' characteristics.



(l-r) Carl Attewell, director of AAH's sales team; Jeff Poole, AAH's group sales director; Simon Shakespeare, director of Trident's sales force; Steve Dunn, AAH's managing director; and Joe McKenna, director of Enterprise's sales team

The merchandisers are: Val Scrawn, Angie King, Julie Simpson, Jenni Watson, Nichola Bell, Samantha Nash and Linda Clark.

● Link Computer Systems, provided by AAH, has updated its software after a successful pilot and is rolling it out to its 2,500 LINK customers.

The software - LINK 860 - has 20 extra facilities based on what pharmacists requested. These include pharmacy computer suppliers' association dosage codes, owing history reports,

more details about outstanding prescriptions the pharmacy is owed, saving extending label information and a simplified Care Home Management.

Graham Morris, who owns a pharmacy in Newark, Nottinghamshire, said the system's new facilities made it more efficient and all of them had practical applications.

LINK's customers will receive the updated software over the next three months.

Wal-Mart in agreed £6.7bn bid for Asda

Asda this week accepted a surprise cash bid from Wal-Mart, the US company regarded as the world's largest shop owner, which values the UK chain at around £6.716 billion.

Wal-Mart's offer of 220p per Asda share is a premium of 19.2 per cent on the chain's share price last Friday. And it is nearly 25 per cent more than the share price on April 15, just before the chain announced it was discussing a merger with Kingfisher.

As news of the bid spread on Monday, Asda's share price rose from 184.5p to 218p.

Kingfisher, whose all-paper merger valued Asda at about £6 billion, effectively caved in to Wal-Mart's bid by refusing to increase its offer. Sir Geoffrey Mulcahy, Kingfisher's chief executive, said: "We are committed to acting in the best interests of our shareholders and we do not believe that it makes sense to improve our offer in these circumstances."

However, Kingfisher leaves its options open to change its offer if the

Wal-Mart deal collapses, or if another company places a bid for Asda.

Asda admitted Wal-Mart's agreed bid had caught Kingfisher by surprise. Kingfisher's shares fell 45p to 778p on Monday.

Wal-Mart, based in Bentonville, Arkansas, has more than 3,600 stores and reported sales of \$137.634 billion, up 17 per cent, for the fiscal year 1998/99.

Like Asda, the US chain prides itself on offering value for money based on the theme 'Every day low price'. Its retailing concept includes 564 Supercenter hypermarkets that average between 100,000ft² and 210,000ft². Each Supercenter usually has 36 merchandise departments that range from groceries to electrical goods and in-store pharmacies.

Wal-Mart is also the US' fifth biggest owner of pharmacies - it has 2,500 - and employs 6,500 pharmacists. All its pharmacies are in-store and it has launched 1,000 over the past five years.

Tony De Nicola, a retail consultant

based in the US, said Wal-Mart would want to increase Asda's in-store pharmacies. "Naturally, there are only so many pharmacy contracts available in the UK, but Wal-Mart has deep pockets and that means it could drive up pharmacy prices here," he said.

Having established itself in the US, the chain has ambitious plans to expand around the world - it already has outlets in eight countries outside the US, including Canada, Brazil and Argentina. These come under its international division, established five years ago, whose sales rose 63 per cent to \$12.2bn in 1998/99, while its operating profits rose 110 per cent to \$551m.

Wal-Mart expects its international division to account for one-third of its total sales and earnings growth within the next five years.

The US chain's only European presence is in Germany, where it recently increased its outlets almost four-fold by acquiring Interspar. Wal-Mart now has 95 Supercenters in Germany.

Archie Norman, Asda's chairman,

said the offer was "compelling" for its shareholders, customers and colleagues. "We have modelled the turnaround and subsequent growth of our business on Wal-Mart's success in the US," he said. "It is quite simply the world's largest retailer and we are very excited at the prospect of joining it."

Numark to confer in Penang

The 1999 Numark conference will be held in Penang on October 10-17.

There will be a mixture of proactive workshops, informal forums and formal business sessions. Representatives of the Institute of Pharmacy Management International and Malaysian community pharmacy will be present. The conference will include visits to pharmacies in the area.

Accommodation will be in the Parkroyal Resort hotel on Batu Ferringhi beach. The price is £795 per person. Flights are available from Heathrow and Manchester. More details are available from Betty Kelly on 01827 69269.

Lloydspharmacy prepares ad campaign

Lloydspharmacy is preparing the groundwork for its first national advertising campaign as its rebranding exercise gathers momentum.

The chain has passed its details - including design manuals that outline how its outlets should look - to advertising agencies, and is waiting to hear how they propose to build its 'brand proposition' among consumers.

Nick Stokes, Lloydspharmacy's marketing director, said it would launch the advertising campaign before the end of the year.

The timing was right, he added, because customers were becoming increasingly aware of the new-look chain. Lloydspharmacy's rebranding had gone through various stages: stage one, between September 1997 and March 1998, was to identify the brand, stage two was to launch it, stage three was to roll the name out and stage four, the latest, is to devise a strategy on how to build up Lloydspharmacy's consumer image.

"We've just given birth, the baby has rapidly become a teenager and it's flexing its muscles, preparing itself for the wide world," he said.

Last year the chain rebranded 329 stores, where it changed every aspect of them - from staff training to each store's layout - and spent around £17 million on refits. This year it will rebrand 100 stores, spending around £40,000-£50,000 on each one, and it aims to complete 250 stores annually from the year 2000.

More than 900 outlets, meanwhile, will have the new Lloydspharmacy fascia by the end of June.

Mr Stokes said the rebranding programme was working, as 78 per cent of shoppers it questioned said the chain was 'best for pharmacy' and an equal number said its layout made it 'easy to find products', and 86 per cent rated its service as good.

Claimed visits to Lloydspharmacy stores had risen 20 percentage points to 46 per cent.

"The average expenditure of customers in rebranded Lloydspharmacy stores has grown in double digits - as have the stores' sales because they are also attracting more people," said Mr Stokes.

Lloydspharmacy outlets not sighted in High Streets did not attract as many customers as the High-Street stores, he added, but the consumers in the non-High-Street outlets spent more money.

The chain wants to give them more variety by expanding its own-label lines - it currently has 150 and will be launching a VMS range in July.

Mr Stokes said the new range has 18 products and is produced by a leading supplier. The new lines will take up about 25 per cent of a typical Lloydspharmacy VMS fixture and will be backed by in-store money-off promotions.

The chain aims to have 500 own-label lines across every product category by the end of the year.

It is also looking at launching blood

sugar kits that enable customers to test their levels at home. Mr Stokes said the demand for self-diagnosis kits is there - the chain recently held a diabetes weekend in Bradford that attracted 700 people.

Currently, ten stores offer the 'Health Heart Check' services, and more could do so after the advertising campaign.

Lloydspharmacy's Paddington branch in Kent and a few other stores, meanwhile, are trialing Vodaphone mobile phones for around six months.

Although Lloydspharmacy has 1,422 stores, which makes it bigger than Boots the Chemists, Mr Stokes said it would not want to launch a loyalty card because it lacked BTC's resources and would be a pale copy. "And I remain to be convinced that providing people with a card encourages loyalty," he said. "Boots gets more information about people from the cards, but it's an expensive way of getting it."

ADVANCE INFORMATION

The **College of Pharmacy Practice** is holding the Schering Award Dinner on **June 24**. For further information, contact Steve Thomas, tel: 01203 692400.

The **Mobility Roadshow** is on **June 25-27** at the Transport Research Laboratory, Crowthorne, Berkshire.

The **RPSGB** will be holding a joint workshop on **June 21-22** at the Society in London - 'BIOVAL '99 (Regulatory guidelines for validation of bioanalytical procedures)'; and a Symposium on **June 24** also at the Society in London - 'Intravenous pharmaceuticals - stability in practice'. Details from Dr J A Clements, tel: 0171 735 9141.

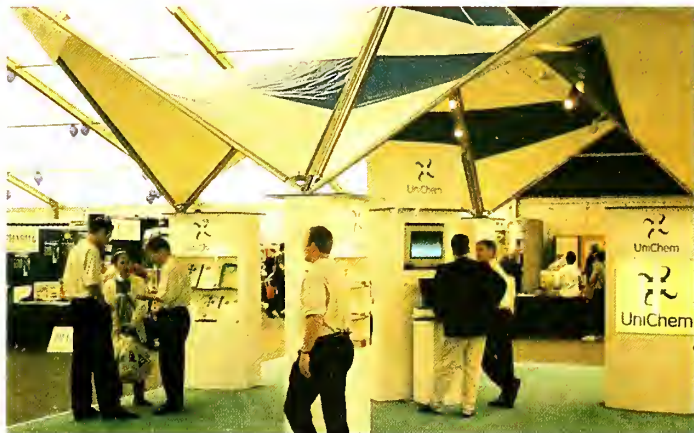
The **RPSGB** will be holding a residential course on **June 30-July 2**, at the Stakis Hotel, York - 'Advanced course in analytical validation and regulatory issues'. Details from Dr J A Clements, tel: 0171 735 9141.

The **University of Bradford** Pharmacy

prestige lecture' series continues on **June 30** at D4 Lecture Hall, Richmond Building, University of Bradford, 5 for 5.30pm. 'Small molecule inhibitors of poly (ADP-ribose) polymerase (PARP) to modulate DNA damage responses'. Speaker: Dr Roger Griffin. For details, contact Professor P York, tel: 01274 234738 or fax: 01274 234769.

The **Society of Cosmetic Scientists** is holding a 'Southern educational event' on **July 1** at the London College of Fashion, 20 John Princes Street, London W1. 'The 50+ market'. For details, tel: 01582 72661.

The **25th United Kingdom Drug Information Conference** will be held on **July 8-10**, at the Collingwood College, University of Durham. Drug information in the new NHS'. For details and application forms, contact Tim Donaldson, tel: 0191 232 1515; fax: 0191 261 5733; or e-mail: tim.donaldson@ncl.ac.uk.



After some 15 years' service, UniChem is retiring its 'pointer to value' logo, and replacing it with a new image that has already been adopted on a corporate basis by Alliance UniChem. The new look was evident at UniChem's trade show at Chessington last weekend. Explaining the logic behind the 'four arrows' logo, md Chris Etherington said it represented the four core values of the business - service, innovation, excellence and partnership. Details of how the new logo will be introduced into pharmacy will be provided soon



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Detailed information of the ongoing research projects within the Pharmacy Practice Group and the West Midlands Hospitals are available from Dr John Marriott (ext 4179; email: j.f.marriott@aston.ac.uk) or Dr Keith Wilson (ext 5325; email: k.a.wilson@aston.ac.uk), or call Aston Pharmacy School on 0121 359 3611.

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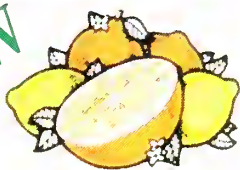
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Pharmacist competes for another gold medal

Reigning European and national pony team champion, Georgina Frith, is optimistic about the British team's chances at next month's European championship in France.

The Surrey pharmacist thinks the four member team's new trainer and organised training schedule will improve the team's chances this year. The national team won a bronze medal in Europe in 1995, but was unplaced in 1997. Other team members, Anna Grayston, Ursula Hirschenberg and Philippa Gammell, all have some international experience and two of them competed in the 1997 competition.

Georgina won the individual gold medal at the last two European championships in 1997 and 1995, and has been British champion for the past five years. As reigning champion, she feels "under more pressure than ever before" in the individual competition but is "reasonably" optimistic about her chances. In 1997 she beat 36 other pony teams, only eight of which had lady drivers.

From helping her father with his ponies, Georgina began taking an interest in the sport. She now looks after eight ponies, five of which she must prepare for competition in Saumur, in France, on July 8-11.

Equine activities are fitted around a pharmacist's position at the family owned Frith Brothers pharmacy in Wallington with "great difficulty". "Competing successfully has a lot to do with prudent planning and it is always important to aim to peak at the right time," said Georgina.

The competition consists of dressage, marathon and obstacle drive. Georgina's favourite event is the 25 mile cross country marathon...



Georgina Frith, European pony team champion



A group of 40 pharmacy students from the University of Oslo have visited our shores to learn about pharmacy in the UK. The Scandinavians' sojourn included visits to Glaxo Wellcome, the National Institute for Biological Standards and Control, and Guy's and St Thomas' hospitals. They also enjoyed a day of sightseeing organised by the British Pharmaceutical Students' Association that would no doubt have included watering holes of cultural interest

APPOINTMENTS

Jean Jacques Lebel has been appointed managing director of L'Oréal Golden for Latin America. He had been UK md for nine years. Geoff Skingsley is taking over from Mr Lebel in the UK. Mr Skingsley was previously md for India. Crookes Healthcare has appointed Simon Merritt as healthcare marketing director. He was previously marketing manager for throatcare. Neil Lawrence joins Crookes as skincare marketing director from Boots Healthcare International. The Society of Cosmetic Scientists has elected its officers and council for the coming year: president - Rae Bonser (The Independent Fragrance Co); vice-president - Laurence Ashley (Boehringer Ingelheim); honorary secretary - Annabel Atkinson (Calgon Europe Ltd); honorary treasurer - Maurice Hickling (Roche Products); council members - Ahmet Baydar (Gillette Management Inc), Stephen Boothroyd (Boots Contract Manufacturing), Pauline Riley (S Black Import & Export Ltd). Stuart Stephen is to join Peter Black Healthcare as sales and marketing director for branded products. He was Boots' category manager for vitamins and health supplements.



Stuart Stephen

The retirement of Dr John Swanton, senior lecturer in pharmacology at the Queen's University, was marked with a dinner at the Europa Hotel in Belfast last month. Dr Swanton had been at Queen's since 1961. He is pictured (centre) with Dr Paul Collier, senior lecturer in pharmacology (left), and Prof Patrick D'Arcy, professor emeritus of pharmacy



Baumber to step down as LPC secretary

Noel Baumber, secretary of Lincolnshire local pharmaceutical committee, intends to step down after 13 years in the job.



Noel Baumber

His reasons for resigning include needing more time for his business, his hospice charity and to fulfil national and personal objectives. He will step down as soon as a successor is found, but will remain an elected Committee member.

Before becoming secretary, Noel was minute secretary for seven years. He has served on the Council of the Royal Pharmaceutical Society and is a committee member of the Pharmaceutical Services Negotiating Committee.

Noel has written to all pharmacies in Lincolnshire thanking them for their support and wishing them well in the interesting times to come.

Birthday honours for healthcare workers

The Queen's birthday honours have recognised several people working in the healthcare industry.

Norman Stoller, president of Seton Scholl Group, has been awarded an OBE for services to business in Manchester.

Professor Anthony Culyer has been awarded a CBE for services to research and development in the NHS. Professor Culyer gave his name to Culyer funding, which is used for NHS practice based research.

Yvonne Moores, chief nursing officer, and Professor Lesley Southgate, GP, have been given DBEs for services to nursing and primary healthcare respectively.

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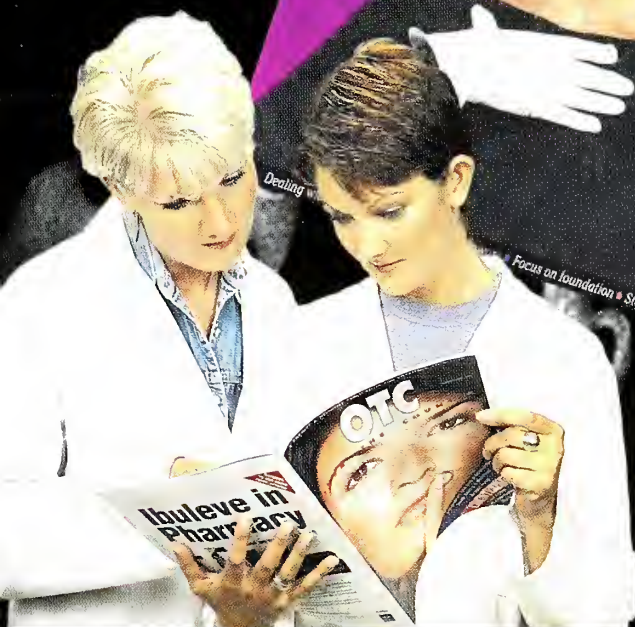
Over the counter magazine – next issue July/August

Published on July 24, special features will include:

- Damaged skin
- Indigestion and its treatment
- Healthy travel
- Vitamin E
- Essential beauty bag



- Enter the OTC/Miners model competition
- Could you be the Care 'Pharmacy Assistant of the Year'?
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PRESCRIBING INFORMATION. **Presentation:** Chocolate tablets containing 25mg Sennosides 60% USP (equivalent to 15mg sennosides). **Indications:** For the relief of constipation. **Dosage and Administration:** Adults and children over 12 years 1 tablet, children 6-12 years 1/2 tablet. Not recommended for children under 6 years. The tablets are ideally taken at bedtime. **Contraindications:** If laxatives are needed every day or there is persistent abdominal pain. **Side effects:** Temporary mild griping may occur. **Legal category:** GSL. **Retail price:** 6's £0.99, 18's £2.15, 48's £4.49. **PL:** 0030/0131. **PL Holder:** Novartis Consumer Health, Horsham, RH12 5AB. For further information, please contact Sales Support on 01403 323 945. Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. Tel: 01403 210211.

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